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FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## Nicaragua

The Executive Director recommends that the Executive Board approve the country programme of Nicaragua for the period 1992-1996 in the amount of $5 million from general resources, subject to the availability of funds, and $9,812,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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## THE SITUATION OF CHILDREN AND WOMEN

1. Following 10 years of Sandinista Government, free democratic elections were held in Nicaragua in February 1990. The winners of the election, a coalition of 14 parties united in their opposition to the Sandinistas, assumed power in April 1990. Immediately following the elections the new Government, headed by Mrs. Violeta Chamorro, and the Sandinistas, now the largest opposition party, embarked on a process of negotiation and consensus-building to reach agreements aimed at ensuring a peaceful transition to democracy. This concerted effort to reach political and social consensus has emerged as a continuous negotiating process referred to as concertación, through which economic and social policies aimed at bringing about national reconstruction and economic recovery are decided. The concertación process has also become an important strategy for maintaining internal political stability and peace.

2. Between 1980 and 1990, some major social gains were made under the Sandinista Government, including: (a) a rapid increase in immunization coverage of children under the age of one year from around 20 per cent in 1980 to near-attainment of universal child immunization in 1990; (b) a decrease in the infant mortality rate (IMR) from 85 per 1,000 live births to 69 in 1985; (c) a reduction of illiteracy rates from 50 to 13 per cent; (d) the establishment of an effective primary health care (PHC) system; and (e) an increase in access to safe water from 41 per cent of the population in 1980 to 54 per cent in 1990.

3. At the same time, however, during the last decade, Nicaragua experienced accelerated impoverishment: the multiple effects of the civil war caused major infrastructure damage estimated at $40 billion; the value of export commodities dropped by 40 per cent; and real wages of Nicaraguan workers plummeted by more than 85 per cent. Unemployment increased, inflation soared, consumption was drastically reduced and per capita calorie consumption dropped 25 per cent below recommended levels. In addition, by 1990 more than 54,000 Nicaraguans had been killed or injured as a result of the war and more than 354,000 had been displaced from their homes.

4. Nicaragua is now one of Latin America's poorest countries. In 1991, the Ministry of the Economy and Development national development strategy estimated gross domestic product (GDP) per capita at $407. According to a recent study supported by the United Nations Development Programme (UNDP), in 1985, 70 per cent of the population, or some 2.6 million people (54.8 per cent of the population in urban areas and 85.9 per cent of the rural population), were living in poverty. Some 39 per cent of this total comprised people living in extreme poverty. Of a total of nine regions, areas with the highest incidence of poverty include: the North and South Atlantic Autonomous Regions (85 per cent); Region I, comprising the departments of Estelí and Nueva Segovia (82 per cent); Region VI, comprising the departments of Matagalpa and Jinotega (81 per cent); and Region V, comprising Chontales and Boaco (76 per cent).

5. During the last two years the Government of Nicaragua has initiated economic adjustment measures resulting in budget cutbacks for basic social services and subsidies (water, light, transport) and painful increases in the cost of the basic food basket. While those measures have succeeded in slowing the rate of inflation, they have added to the already high social costs of the recently ended hostilities and levels of poverty affecting the most vulnerable groups, in particular women and children. An economic restructuring programme is also under way, aimed at reducing government controls, encouraging individual initiative and giving the private sector the opportunity to stimulate economic growth. Estimates made in mid-1991 indicate that some 24,000 State employees at the central government level alone had been made redundant or accepted incentives to leave. Since many of the most qualified professionals opted for the leave incentive bonus, this has seriously weakened many social sector institutions.

6. Between 1980 and 1990, the country's total population increased by 42 per cent to 3.8 million. Currently the average age of the population is 16 years, and 46 per cent are children up to 14 years of age. During this period the urban population grew by 60 per cent. One third of the population is now concentrated at Managua, the capital city, where more than 55 per cent of houses have only one room to provide shelter to an average of six family members.

7. The country is currently divided into six regions, a Special Zone and two autonomous regions. The Government is considering a reorganization of the administrative division of the country, returning to a system of territorial departments. Prior to the administrative decentralization of the country into regions, there were 16 departments. At the local level, there are presently 131 municipalities.

8. Recent data referred to in the Ministry of Health's Plan Maestro de Salud (Master Health Plan) 1991-1996 suggest that IMR in Nicaragua increased in 1990 after several years of decline. Leading causes of IMR, accounting for 81 per cent of infant deaths, are diarrhoea, respiratory illnesses, perinatal complications and malnutrition. Regions with the highest IMR are Regions VI (departments of Matagalpa and Jinotega) and II (departments of León and Chinandega).

9. Malnutrition is prevalent throughout the population, affecting in particular infants, children and mothers. A 1986 national school height census of primary schoolchildren revealed that 22 per cent of children aged six to nine years of age suffered from stunting. The Ministry of Health's nutritional surveillance system has identified severe malnutrition or wasting in 2.5 per cent of children. In addition, around 3.9 per cent of school-age children suffer from goitre. Some 13 per cent of children are born underweight.

10. Nicaragua has one of the lowest rates of access to drinking water and basic sanitation in Central America. In 1990, 78 per cent of the urban sector had access to potable water and 31.8 per cent to sewage systems. The areas with least access are located in the Atlantic region. In the rural sector, only 19.5 per cent of the population have clean water within reasonable access and approximately 16 per cent have adequate sanitation facilities.

11. While preschool coverage increased considerably between 1980 and 1988 (from 4,000 to 82,000 children), this is still less than 10 per cent of all children. Approximately 860,000 children under the age of seven years do not have access to either day care or preschool education. The situation is markedly worse in rural areas. Furthermore, approximately 150,000 children between the ages of 7 and 12 years (25 per cent) do not participate in primary education programmes, where net enrolment is 75 per cent (69 per cent in rural areas and 79 per cent in urban areas). Despite the achievements of the 1980 literacy campaign, the national illiteracy rate is now estimated at 25 per cent.

12. A 1991 study indicates that more than 550,000 children, or 31 per cent of all Nicaraguan children under the age of 15 years, are living in especially difficult circumstances. Of those, approximately 60,000 work in the informal and formal sectors, and 6,000 are street children, abandoned or living in special institutions. Some 24 per cent of all girls between 10 and 14 years of age participate in some type of labour. Given the current economic crisis, it is projected that the increase in the numbers of children living in these circumstances will exceed the rate of increase in the population at large.

13. Some 34 per cent of women are heads of families and 25 per cent of all women are illiterate. Employment opportunities for young women and girls are generally limited to work as domestics and in the informal economy, with no benefits or protection. Data available for 1989 indicate that close to 55 per cent of all households headed by women are unable to meet their basic needs.

14. Nicaraguan women have an average of five children, with the highest birth rates occurring among women from lower socio-economic strata and among rural women. Some 21 per cent of live births are to women under the age of 20 years. According to estimates from the National System of Vital Statistics, maternal mortality averages around 159 per 100,000 live births. Maternal mortality rates are highest in the North Atlantic Autonomous Region at 384 per 100,000 live births, followed by Regions VI, V and I referred to in paragraph 4 above. About 36 per cent of births take place in hospitals, and 15 per cent are attended by unqualified personnel. A 1986 Ministry of Health study found that more than 26 per cent of all institutional births presented some clinical difficulty. Although no specific data exist regarding the nutritional status of pregnant women, there are indications that this is a growing problem.

## PROGRAMME COOPERATION, 1990-1991

15. Following the results of the February 1990 elections, a bridging programme was approved for the period 1990 to mid-1992 pending the preparation of a full programme of cooperation with the new Government. During this period, UNICEF continued to provide support for programmes initiated during the previous country programme cycle, including national programmes in the fields of health (child survival), for children living in especially difficult circumstances, and education and area-based programmes in three regions.

### Health

16. UNICEF-supported health interventions were implemented within the framework of the subregional child survival programme financed by the Government of Italy and the European Economic Community (EEC). Through this programme, UNICEF support has focused on the expanded programme on immunization (EPI), the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI), the promotion of breast-feeding, health education, integrated maternal and child health care (MCH), and strengthening of health information systems through the establishment of sentinel sites. In 1991, special attention was also given to a joint Pan American Health Organization (PAHO)/UNICEF-supported cholera control and prevention campaign and to assisting the Ministry of Health with the preparation of an emergency programme for the Atlantic Coast. In addition, support was provided for strengthening nutrition surveillance systems in all health regions of the country.

17. Some major achievements included: 80 per cent vaccination coverage of children under the age of one year for all major antigens except the combined diphtheria/pertussis/tetanus vaccine; an increase in the number of oral rehydration units from 472 in 1985 to 1,040 in 1990; development of norms and training of health personnel in the control of ARI; and training of approximately 30,000 health brigadistas (voluntary workers) and traditional birth attendants (TBAs). The need still exists, however, to improve and strengthen CDD and ARI interventions, to reactivate the promotion of breast-feeding initiatives and to increase immunization coverage in areas where coverage levels are below the national average.

18. Two evaluations, one carried out by UNICEF and the Ministry of Health and another by the donors, have concluded that this programme played a vital role in the expansion of PHC coverage and improvement in the quality of services, in particular MCH care. None the less, some weaknesses were also noted, such as the vertical delivery of services under EPI, the setting of over-ambitious goals and a tendency towards centralized decision-making. The need for further strengthening of local-level health service infrastructure and capacity was also highlighted.

Education

19. UNICEF cooperation in education has focused on primary education, preschool education and special education for disabled children. These efforts have been relatively restricted in scope during this period of cooperation however, due to limited availability of financial resources. Emphasis was placed on promotion of the education for all agreements, and technical and financial support were provided to the Ministry of Education in conducting a national congress on "Education By and For All". The congress - the culmination of a series of local and regional conferences held around the country to identify local-level educational priorities - established primary education as the first priority and preschool education as a second priority. A national commission has since been established to monitor and follow up on these agreements. During this period support was also provided for a study on the variables that contribute to the alarmingly high rates of primary school drop-out and repetition, a review of the situation of the country's multi-grade schools, in-service training of 3,000 teachers and the supply of educational materials and textbooks. In the field of special education, support was provided to a non-governmental organization (NGO) working with parents of the disabled.

Integrated rural development

20. This programme is being implemented in those areas with the greatest concentrations of poverty in three regions in Nicaragua. Its thrust has been to improve access to and expand coverage of area-based services in these regions and to improve the quality and integration of basic services by strengthening local planning and implementation capacities, including community participation. Basic health and education, children's welfare, food security and water supply and sanitation have been the focus of basic services interventions in these priority areas.

21. In 1991, an external evaluation of the programme highlighted a number of positive achievements, including increased access of the beneficiary population to basic services; strengthening of local-level programme planning and management capacities; training of 1,399 TBAs, 5,392 communal leaders and 4,162 health volunteers; and increased immunization coverage. The evaluation also highlighted the need for setting more realistic programme objectives vis-à-vis the programme funding level; strengthening monitoring and evaluation activities; greater emphasis on actions aimed at women; and improved coordination and convergence of activities.

Water supply and sanitation

22. UNICEF has provided technical support to central-level water supply and sanitation departments and at the regional level has supported interventions in the deprived areas of Regions I, V and VI referred to in paragraph 4 above, within the context of the rural development programme. UNICEF-supported activities have included construction of deep wells using high-speed drilling rigs, hydrogeological surveys, the training of local technicians and provision

of clean water and improved sanitation facilities using low-cost technologies. Approximately 30,000 people have benefited from increased access to clean water and 24,000 people from excreta disposal facilities. Coordination with other international agencies and international and local NGOs involved in water supply and sanitation activities has resulted in standardization of equipment and programme methodologies for all donor-supported water supply and sanitation projects in the country. Following the results of an evaluation carried out in 1990, greater emphasis was placed on environmental health and hygiene education activities in 1991. These activities were accelerated as part of the cholera prevention and control campaign and will continue to be emphasized in future years.

Children in especially difficult circumstances

23. Consistent with a regional initiative to acquire improved information for planning and monitoring purposes, during this period of cooperation, a comprehensive situation analysis was carried out jointly in 1991 with government institutions and NGOs. This exercise has increased inter-agency cooperation and coordination, and the results have been used to raise public awareness of such children. An agreement was also reached with the Inter-American Development Bank for financing a portion of this subregional programme.

Advocacy

24. Advocacy and social communication activities were intensified during this period, focusing in particular on adjustment with a human face, education for all, the Convention on the Rights of the Child and follow-up to the World Summit for Children. Special efforts were made to link these activities to the new programme preparation process and the formulation by the Government of Nicaragua of its National Programme of Action for Human Development, Youth and Children. That programme was prepared by an interministerial and inter-agency commission and signed by the President of Nicaragua at the December 1991 meeting of Central American heads of State at Tegucigalpa, Honduras.

25. Cooperation with other United Nations agencies has been effective during this period and a close working relationship has been maintained with PAHO/World Health Organization (WHO) in particular, as well as with UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP). Coordination of activities has also been established at the project level with Swiss COSUDE, the Cooperation for American Relief Everywhere, Red Barne and Radda Barnen.

Lessons learned

26. In addition to the programmatic lessons already referred to above, other more general lessons which have been taken into consideration in the proposed new programme of cooperation include the need for increased emphasis on strengthening municipal- and local-level institutional capacity; greater

coordination between UNICEF-supported programmes both at national and local levels; strengthened inter-agency and inter-institutional coordination at both central and local levels; and broad mobilization of resources and partners including Government, international and national NGOs, and other grass-roots organizations.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $5,000,000
Supplementary funding: $9,812,000

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds b/ | Total |
|---|---|---|---|
| Health | 1 050 | - | 1 050 |
| Basic education | 1 075 | - | 1 075 |
| Children in especially difficult circumstances | 750 | 3 000 | 3 750 |
| Urban water supply | - | 812 | 812 |
| Integrated rural development | - | 6 000 | 6 000 |
| Planning and social policy support | 825 | - | 825 |
| Programme support | 1 000 | - | 1 000 |
| Monitoring and evaluation | 300 | - | 300 |
| Total | 5 000 | 9 812 | 14 812 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

27. The proposed programme of cooperation has been developed taking into consideration the situation of children and women in Nicaragua, the review of past cooperation, the Convention on the Rights of the Child and the national programme of action. Within this legal and political framework, the programme of cooperation aims to support the national programme medium-term (1996) goals for infant, child and maternal mortality reduction, and protection and improvement of the well-being of children, women and their environment.

28. The overall thrust of the programme will be to focus high priority on the satisfaction of basic needs of the most vulnerable groups and poorest sectors

of society. These goals are seen as attainable given the political process of concertación referred to in paragraph 1 above.

29. Building on the achievements and lessons learned during the past period of cooperation, the programme consists of national-level interventions and area-based programmes in some of the poorest regions of the country. Country-specific interventions will be further strengthened by partially funded subregional initiatives, already approved by the UNICEF Executive Board, for integrated PHC; education for development; water supply and sanitation; and children in especially difficult circumstances.

30. Strategic components of the programme will include: (a) social policy development support through advocacy efforts and technical assistance oriented towards development with a human face; (b) the coordination of activities between programmes to ensure the greatest possible complementarity of multisectoral interventions; (c) strengthening local-level institutional capacity for planning, implementing and monitoring social programmes, including information systems to monitor progress towards meeting the goals of the national programme of action; (d) collaboration with the private sector and NGOs; and (e) increased inter-agency coordination, both with other agencies in the United Nations system and with bilateral agencies.

Planning and social policy support

31. This programme cuts across the entire country programme and aims ultimately to increase government and public awareness of the needs of children and women and to mobilize more local, national and multilateral resources for programmes benefiting vulnerable groups. Through this programme, technical assistance and advocacy support will be provided to implement and monitor attainment of the national programme goals and to develop social policies benefiting poor women and children in particular.

32. Major programme interventions will include: (a) the use of mass media to increase public awareness of the Convention on the Rights of the Child, the national programme of action and the situation of children and women in Nicaragua; (b) strengthening national and local-level capacity for monitoring the situation of women and children; (c) support for studies that can be used for advocacy, social policy formulation and decision-making purposes; and (d) strengthening existing institutional capacity for collecting, processing and disseminating social statistics and related information.

33. Given the cross-cutting nature of this programme, particular emphasis will be placed on strengthening inter-agency work and establishing a broad alliance of partners (Government, private sector and NGOs) to mobilize around the principle of a "first call for children".

Health

34. Using the Government Master Health Plan for 1991-1996 as a basis, and building on lessons learned during the previous period of cooperation, UNICEF assistance to the health sector aims to support the medium-term goals of the national programme of action for infant, child and maternal mortality reduction. To this end, assistance will be provided in support of government efforts to further decentralize and extend coverage of PHC services through the local integrated health care system and integrated MCH interventions, including control of ARI, CDD, EPI, safe motherhood, promotion of breast-feeding and other child growth and development interventions.

35. UNICEF assistance for the local integrated health care system will be emphasized in three regions where IMRs are well above the national average. Support will be provided for strengthening local-level capacity for planning, implementing and monitoring health interventions; developing local training systems and training of health personnel, including community health personnel; improving basic health infrastructure; and promoting popular participation and multisectoral participation in health-related activities through the consejos municipales de salud (municipal health councils). The major thrust of these interventions will be to improve MCH, supported by social communication and mobilization.

36. Inter-agency coordination and collaboration already established with PAHO/WHO, the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA) and the Institute of Nutrition of Central America and Panama will continue to be emphasized and strengthened.

Education

37. Building on past experience, four areas of educational services will be addressed: early stimulation and preschool, covering children up to 6 years of age; primary, concentrating on the child population in multi-grade schools aged 7 to 12 years; literacy, focusing in particular on indigenous young and adult women along the Coco River; and education of disabled children. The overall objective of UNICEF assistance will be to support low-cost and viable initiatives aimed at increasing coverage and improving the quality of these services.

38. In the area of early childhood education, the focus will be on systematizing the community preschool model developed by the Ministry of Education and increasing coverage of preschool services to approximately 25 per cent of the eligible population group. In the field of primary education, UNICEF will support government initiatives to guarantee all children basic education through the fourth grade, although advocacy efforts will promote the completion of the sixth grade. More specifically, assistance will be provided to improve the quality of multi-grade schools in rural areas and to develop alternative modalities for the instruction of over-age children, children affected by war and indigenous children. UNICEF-supported adult literacy interventions will be limited to female literacy along the Coco

River; assistance will be provided for the development of literacy materials that are sensitive to the traditional belief and cultural systems of this population group. UNICEF will also continue to support expansion of community-based alternatives to special education schools and advocate the rights of disabled children, including their improved access to basic services and integration into society.

39. While this programme is national in scope, special emphasis will be placed on subnational interventions and demonstration projects that can be systematized and subsequently replicated. UNICEF technical and financial assistance will be provided for training teachers and voluntary personnel at the preschool, primary and adult education levels; developing in-service distance teacher training modules; improving curriculum and support materials; providing basic educational supplies and equipment; parent education, especially in areas related to early childhood development and early stimulation; and promoting community involvement in the educational process.

Children in especially difficult circumstances

40. The objectives of this programme are: (a) to promote and mobilize increased public support for the protection and development of children living in especially difficult circumstances; (b) to support the development of a national policy and plan of action for protecting these children within the framework of the Convention on the Rights of the Child; and (c) to strengthen national capacity for implementing alternative models of care for these children.

41. More specifically, UNICEF interventions will focus on: (a) support for the development and validation of alternative models of care for street and working children, children living in institutions, children affected by the war and indigenous children and women of the Coco River Communities (Wangki); (b) provision of technical and financial assistance for strengthening institutional capacities to respond effectively and inexpensively to the needs of these children; and (c) research, policy analysis, social communication and advocacy. Implementing partners will include the Nicaraguan Institute for Social Services and Welfare, the Ministry of Education and various NGOs.

42. An increase of supplementary funds is being requested for this programme in order to include country-specific activities not contemplated when the subregional programme for children in especially difficult circumstances was approved by the UNICEF Executive Board in 1990. These additional funds will be used to expand programme coverage and support new initiatives such as family day-care services and accelerated primary education and vocational programmes for street and war-affected children.

Rural water supply and sanitation

43. This programme, which is partially funded by the Government of Sweden, was developed as part of a subregional water supply and sanitation programme approved by the UNICEF Executive Board in 1991. It is being implemented in

three regions and aims: (a) to improve the health status of the population in project areas through the provision of safe water supplies, basic sanitation facilities and health education; (b) to reduce the time and energy used by women and children in the collection of water; (c) to increase awareness of communities and authorities of the importance of environmental conservation; and (d) to strengthen the capacity of the Nicaraguan Institute of Aqueducts and Sewerage to plan and implement water supply and sanitation programmes in rural communities with populations of 2,000 and less. An estimated 262,000 people will benefit.

44. Strategic considerations include the promotion and use of low-cost systems that are easy to maintain and use spare parts that can be locally produced wherever possible, and the organized participation of communities in selection of sites and maintenance activities.

Urban water supply and sanitation

45. The overall objective of this programme is to improve the living conditions and health status of selected population groups in marginal urban areas of Managua through the provision of safe drinking water and adequate excreta disposal facilities. An estimated 90,000 people will benefit from the programme, which will be implemented in 20 marginal urban neighbourhoods selected on the basis of their lack of access to services and high incidence of diarrhoeal diseases. It is expected that the programme's working methodology will serve as a self-sustaining model for expansion to other marginal urban areas. Major lines of intervention will include water supply, sanitation, community organization and environmental and hygiene education in order to ensure appropriate use of water and sanitation facilities.

46. Strategic elements of this programme include the establishment of a revolving fund, the development of cost-recovery mechanisms, the use of appropriate low-cost technologies, the training of community water and sanitation teams and the creation of a special project implementation unit within the Nicaraguan Institute of Aqueducts and Sewerage for water supply programmes in marginal urban areas.

Integrated rural development

47. This programme was initiated under an earlier period of cooperation. Its objective is to improve the quality of life of vulnerable groups in selected communities of three of the country's poorest regions (Regions I, V and VI). To this end, UNICEF technical and financial support is being provided for decentralized expansion of basic services coverage; strengthening local-level institutional capacity for intersectoral collaboration and for planning, monitoring and implementing social programmes; productive activities; and community participation. Major components of the programme are basic health and education, children's welfare, community organization, social mobilization and monitoring and evaluation.

48. The decision to continue UNICEF support for this programme under the current period of cooperation is based in part on the results of two evaluations undertaken in 1991, which led to an organizational restructuring of the programme and a redefinition of priority interventions. The need to link this programme with other UNICEF-supported programmes which are national in scope has also been adjusted, and it is now expected that this subnational programme will also serve to develop strategies and service delivery models for achieving municipal- and local-level goals of the national programme of action which can subsequently be used for expansion to other areas. Under the current programme of cooperation, increased emphasis will be given to improving the situation of women in the project areas.

Monitoring and evaluation

49. Special efforts will be made to strengthen and improve the internal capacity of the UNICEF office in Nicaragua for monitoring activities, and greater emphasis will be placed on the systematization and documentation of project experiences to strengthen advocacy and expansion efforts. The office will monitor implementation of the proposed programmes through on-site visits, annual reviews and the establishment of indicators for monitoring the programmes' progress. Given the positive experiences of the sentinel site methodology in monitoring and evaluation of health programmes at the local level, inclusion of additional indicators in that methodology is anticipated in order to widen its scope.

50. During the course of the proposed programme of cooperation, evaluations will be carried out of the programmes concerned with children in especially difficult circumstances, water supply and sanitation, integrated rural development and health. In addition, two studies have been planned for 1992. The first will identify the main causes of lost immunization opportunities, while the second will be a knowledge, attitude and practices survey of breast-feeding and infant nutrition. It is anticipated that other studies will also be planned for subsequent years.

Programme support

51. The Nicaragua office has budgeted programme funds to ensure adequate technical, administrative and logistical support for implementing the proposed country programme. This will be achieved through the deployment of project staff in certain sectoral areas and the use of technical consultants on a temporary basis for specific thematic issues. The office in Nicaragua was upgraded to a full-fledged office in July 1991 and is now totally responsible for all administrative and operational support functions previously undertaken by the area office in Guatemala.

Cooperation with other United Nations organizations

52. The country programme will be closely coordinated with other United Nations agencies. In addition, special efforts will be made to cooperate with national and international NGOs operating in the same areas as UNICEF.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nicaragua (1990 and earlier years) UNICEF country classification

| | | | |
|---|---|---|---|
| Under-five mortality rate | 78 | (1990) | High U5MR |
| Infant mortality rate | 56a | (1990) | High IMR |
| GNP per capita | $ 830 | (1987) | Lower-middle GNP |
| Total population | 3871.0 Thousands | (1990) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|
| Births | (thousands) | 98 | 123 | 138 | 156 |
| Infant deaths (under 1) | (thousands) | 11 | 10 | 10 | 9 |
| Under-five deaths | (thousands) | 16 | 16 | 15 | 12 |
| Under-five mortality rate (per 1,000 live births) | | 168 | 133 | 107 | 78 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 108 | 85 | 69 | 56a |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1980-1982) | Moderate & severe | 11 | .. |
| | Severe | 1 | .. |
| Babies with low birth weight (%, 1979/1984) | | .. | 15 |
| % of primary school children reaching final grade (1980/1988) | | 27 | 35 |

| NUTRITION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Mothers breast-feeding at 3/6/12 months (%) | | ../../.. | ../../.. |
| Prevalence of wasting (%, 1980-1982) | | 0 | .. |
| Prevalence of stunting (%, 1980-1982) | | 22 | .. |
| Daily per capita calorie supply (% of requirements, 1979-1981/1988) | | 103 | 105 |
| Food production per capita index (Index 1979-1981=100, 1980/1990) | | 86 | 62 |
| Household expenditure (% of total income, 1980-1985) | All food/cereals | | ../.. |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1988) | | | 38 |
| Access to health services | Total | .. | 83 |
| (% of population, 1980/1987) | Urban/rural | .. /.. | 100/ 60 |
| Access to safe water | Total | 41* | 54 |
| (% of population, 1980/1990) | Urban/rural | 70*/ 7* | 78/ 18 |
| Access to adequate sanitation | Total | .. | 27 |
| (% of population, 1980/1987) | Urban/rural | 34 /.. | 35/ 16 |
| Births attended by trained personnel (%, 1984) | | .. | 41 |
| Maternal mortality rate (per 100,000 live births) | | .. | .. |

| Immunization | | 1981 | 1985 | 1990 |
|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | 65 | 97 | 81 |
| | DPT | 23 | 35 | 65 |
| | Polio | 52 | 70 | 86 |
| | Measles | 20 | 49 | 82 |
| Pregnant women (%) immunized against | Tetanus | .. | 24 | 25 |

TABLE 1 (continued)

Nicaragua

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1980/1987) | Total | 99/ 74 | 99/ 76 |
| | Male | 96/ 73 | 94/ 74 |
| | Female | 102/ 75 | 104/ 79 |
| Secondary enrolment ratio (gross/net) (%, 1980/1987) | Total | 43/ 23 | 43/ .. |
| | Male | 40/ 21 | 29/ .. |
| | Female | 45/ 25 | 58/ .. |
| Adult literacy rate, 15 years & older (%, 1970/1990) | Total | 58 | .. |
| | Male/female | 58/ 57 | ../ .. |
| Radio/television sets (per 1,000 population, 1980/1988) | | 242/ 58 | 246/ 61 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1985 | 1990 | 2000** |
|---|---|---|---|---|---|---|
| Total population | (Thousands) | 2053.0 | 2771.0 | 3272.0 | 3871.0 | 5261.0 |
| Population aged 0-15 years | (Thousands) | .. | 1308.2 | 1606.5 | 1863.7 | 2370.4 |
| Population aged 0-4 years | (Thousands) | .. | 517.0 | 604.1 | 690.1 | 823.5 |
| Urban population (% of total) | | 47 | 53 | 57 | 60 | 66 |
| Life expectancy at birth (years) | Total | 53 | 58 | 62 | 65 | 69 |
| | Male | 52 | 57 | 60 | 63 | 68 |
| | Female | 54 | 59 | 63 | 66 | 71 |
| Total fertility rate | | 6.9 | 6.1 | 5.7 | 5.3 | 4.3 |
| Crude birth rate (per 1,000 population) | | 48 | 45 | 43 | 40 | 34 |
| Crude death rate (per 1,000 population) | | 14 | 11 | 9 | 7 | 5 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1979/1981) | | 9 | 27 |
| Population annual growth rate (%, 1965-1980/1980-1990) | Total | 3.1 | 3.3 |
| | Urban | 4.6 | 4.5 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-1980/1980-88) | | -0.7 | -4.7 |
| Inflation rate (%, 1965-1980/1980-1988) | | 9 | 87 |
| Population in absolute poverty (%, 1977/1988) | Urban/rural | 21/ 19 | .. / .. |
| Household income share (%, 1977/1988) | Top 20%/bottom 40% | ../ .. | .. / .. |
| Government expenditure | Health/education | 15/ 12 | 11*/ 9* |
| (% of total expenditure, 1980/1987) | Defence | 11 | 50 |
| Household expenditure (% of total income, 1980-1985) | Health/education | | .. /.. |
| Official development assistance: (1980/1989) | US$ millions | 223 | 227 |
| | As % of GNP | 11 | .. |
| Debt service (% of goods & services exports, 1980/1989) | | .. | .. |

a/ Field office data indicate that IMR figures may have increased.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

/...

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1991

(In thousands of United States dollars)

COUNTRY: NICARAGUA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $1,450,000

| | Supplies and equipment (incl. freight) | | Training grants | | Project staff | | Other cash | | Totals | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Total |
| Health | 169 | 838 | 2 | 159 | | 189 | 309 | 212 | 480 | 1398 | 1878 |
| Water supply and sanitation | | 1367 | | 18 | | 281 | | 476 | | 2142 | 2142 |
| Nutrition | | 219 | 4 | 39 | | 17 | 89 | 55 | 93 | 330 | 423 |
| Education | 32 | 77 | 51 | 221 | 5 | | 171 | 138 | 259 | 436 | 695 |
| Community organization and development | 19 | 167 | | 92 | | 341 | 1 | 254 | 20 | 854 | 874 |
| Children in especially difficult circumstances | | | | | | | | 26 | | 26 | 26 |
| Emergency | | 33 | | | | | | | | 33 | 33 |
| Planning and project support | | | | | 368 | | 160 | 1 | 528 | 1 | 529 |
| GRAND TOTAL | 220 | 2701 | 57 | 529 | 373 | 828 | 730 | 1162 | 1380 | 5220 | 6600 |

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

| Country: NICARAGUA<br>Period covered: 1992-1996 | Funding status | 1992 | 1993 | 1994 | 1995 | 1996 | Total |
|---|---|---|---|---|---|---|---|
| Health | GR | 200 | 200 | 200 | 225 | 225 | 1050 |
| | FSF | 210 | | | | | 210 |
| | USF(R) | 1000 | 1000 | 1000 | 1000 | 1000 | 5000 |
| Education | GR | 225 | 225 | 225 | 200 | 200 | 1075 |
| | FSF | 172 | 101 | | | | 273 |
| | USF(R) | 525 | 525 | 275 | 275 | 275 | 1875 |
| Children in especially difficult circumstances | GR | 150 | 150 | 150 | 150 | 150 | 750 |
| | USF(R) | 300 | 300 | 300 | 300 | | 1200 |
| | NSF | 498 | 687 | 680 | 605 | 530 | 3000 |
| Monitoring and evaluation | GR | 50 | 50 | 50 | 75 | 75 | 300 |
| Planning and social policy support | GR | 175 | 175 | 175 | 150 | 150 | 825 |
| Programme support | GR | 200 | 200 | 200 | 200 | 200 | 1000 |
| Integrated rural development | FSF | 1000 | | | | | 1000 |
| | NSF | | 1500 | 1500 | 1500 | 1500 | 6000 |
| Rural water and sanitation | FSF | 832 | 467 | 492 | 482 | 251 | 2524 |
| | USF(R) | 215 | 693 | 792 | 410 | | 2110 |
| Urban water and sanitation | NSF | 146 | 159 | 195 | 227 | 85 | 812 |
| TOTAL | GR | 1000 | 1000 | 1000 | 1000 | 1000 | 5000 |
| | FSF | 2214 | 568 | 492 | 482 | 251 | 4007 |
| | USF(R) | 2040 | 2518 | 2367 | 1985 | 1275 | 10185 |
| | NSF | 644 | 2346 | 2375 | 2332 | 2115 | 9812 |
| GRAND TOTAL | | 5898 | 6432 | 6234 | 5799 | 4641 | 29004 |

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF(R) = Unfunded supplementary funding subregional.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

| COUNTRY: NICARAGUA | Number of posts | Amount (Thousands of United States dollars) |
|---|---|---|
| FINANCED FROM 1992-1993 APPROVED BUDGET: | | |
| International Professional established posts | 2 | 478 |
| Local national Professional and General Service established posts | 4 | 281 |
| Operating costs | | 501 |
| Total | 6 | 1260 |
| FINANCED FROM PROGRAMME FUNDS: a/ | | |
| International Professional project posts | | |
| General resources | 1 | 226 |
| Supplementary funds | 3 | 632 |
| Local national Professional and General Service project posts | | |
| General resources | 5 | 210 |
| Supplementary funds | 11 | 426 |
| Total | 20 | 1494 |

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

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Programme Committee
1992 session

FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## PERU

The Executive Director recommends that the Executive Board approve the country programme of Peru for the period 1992-1996 in the amount of $7,450,000 from general resources, subject to the availability of funds, and $40,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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## THE SITUATION OF CHILDREN AND WOMEN

1. Of Peru's 22 million people, about 38 per cent are children under 15 years of age about 13 per cent are children under 5 years of age. The Peruvian population is predominantly urban, with 69 per cent living in cities. About one third of the population is concentrated in Lima, of whom approximately 50 per cent live on the city's outskirts under conditions of extreme poverty. In 1990, a new political administrative structure was established by law, dividing the country into 13 economically and administratively autonomous regions.

2. Peru is facing one of the worst economic crises of its history. Terrorism and drug trafficking activities, which began during the 1980s, have had a major impact on the country's socio-economic situation and are reaching critical levels. As a result of the political violence, the country has lost $18 billion and 18,500 people, many of them children. The economy has deteriorated to such an extent, particularly during the period 1988-1990, that it has been qualified as a catastrophe. Over 45 structural adjustment programmes have been implemented during the past 13 years, with grave consequences on the living conditions of the poorest sector of the population. During the period 1988-1990, the gross domestic product (GDP) declined by 17 per cent, while the annual population growth rate was 2.6 per cent.

3. It has been estimated that unemployment rose from 5 per cent in 1987 to 8 per cent in 1990, and that 73 per cent of the economically active population is underemployed. The inflation rate leaped from 114 per cent in 1987 to 7,650 per cent in 1990, widening social disparities. The collapse of the economy has greatly affected the income of poor families and has also increased the poverty level of 13 million people. In July 1990, the critical poverty index was 103 per cent higher than in 1987. An estimated 69 per cent of children under 15 years of age - more than 5 million - live in families who rely on an average annual income of $15 per person.

4. Economic policies introduced in recent years have led to decreases in social spending. Expenditures in the health sector dropped from 1.2 per cent of GDP in 1981 to 0.5 per cent in 1989; and in the education sector, from 2.4 per cent in 1987 to 1.9 per cent in 1989. Peru's external debt amounts to $22 billion. The Government has reopened negotiations with international financial institutions to find a solution to the debt problem, restoring back payments and obtaining additional credits.

5. In order to mitigate the effects of the economic adjustment programme implemented in August 1990, the Government formulated an Emergency Social Programme, which was only partially implemented because of a shortage of funds. It was replaced in August 1991 by the National Fund of Compensation and Social Development to finance social investment projects. Despite these various efforts and economic measures, there is little hope for an economic recovery in the short term. The impact of the crisis on children and women is

still unknown, partly because the country lacks an effective system for monitoring social indicators, whereby changes in the living conditions, particularly those of the poor, can be recorded in a timely and systematic manner. Children and women in Peru, who have long been vulnerable and unprotected, are today living in a state of emergency.

6. The infant mortality rate (IMR) in 1990 was estimated at 82 per 1,000 live births, but there are regions of the country - Huancavelica, Apurimac and Cuzco - where the rate exceeds 100 per 1,000 live births. Perinatal problems cause 28 per cent of infant deaths; acute respiratory infections (ARI), 25 per cent; and diarrhoeal diseases, 15 per cent. A law was passed in 1988 to reduce IMR by 15 points in three years and an operative plan was formulated. Owing to the deepening economic crisis, this plan was only partially implemented. The remainder of infant deaths is due to infectious diseases and malnutrition.

7. Child malnutrition is another effect of the economic crisis and poverty. The latest national survey on health and nutrition shows that 26 per cent of children under six years of age are in a situation of nutritional risk. In 1990, there were an estimated 860,000 children under six years of age suffering from malnutrition, 440,000 of them from severe malnutrition. Micronutrient deficiencies, particularly iron and iodine, affect a high number of pregnant and nursing women and children.

8. Approximately 36 per cent of schoolchildren in the highland areas and Amazon basin suffer from iodine deficiency disorders (IDD). In one department, the prevalence of goitre reaches 65 per cent. The rate of low-birth-weight infants is estimated at 9 per cent, which is another indication of the magnitude of nutritional deficiency. Breast-feeding is a general practice and the rate is high, about 93 per cent nationwide, although its duration varies. Inadequate early weaning practices also increase the risk of child malnutrition.

9. Government pre-school intervention combines formal and non-formal systems, reaching 26 per cent of the children under six years of age. The quality of the education provided in this two-tiered system is uneven. The formal system provides a better education than the non-formal because there is a lower teacher-student ratio.

10. Primary education is also facing serious difficulties. The major problems are low quality, high rates of repetition and drop-out, and management inefficiency. Of every 100 children who enter first grade, only 31 complete primary education at the proper age; 45 complete it after having repeated classes; and 24 abandon school altogether. Approximately 11 per cent of the adult population can neither read nor write, which in absolute terms is equivalent to 1.5 million people, 75 per cent of whom are women.

11. The difficult circumstances in which an increasing number of children live are the direct result of poverty, violence, migration and deficiencies in the educational system. Many children are forced to start working at a very

early age in order to help their families. An estimated 140,000 children between the ages of 6 and 14 years work under risky conditions, suffering some form of exploitation. The number is increasing as a result of the economic crisis. According to the National Child Welfare Institute, in 1989, 10,200 children were institutionalized, mainly owing to family problems. Approximately 3 million children under 12 years of age live in "risk" situations. Of these, 200,000 are at Lima, including more than 6,000 who are totally abandoned and forced to live in the street. There is also an unidentified number of children who are victims of terrorism.

12. In 1987 the maternal mortality rate was estimated at 300 per 100,000 live births. This rate is higher in the Andean region and the Amazon basin. Abortion, haemorrhage, infections and toxemia are the main causes of maternal mortality. The health infrastructure and delivery system at the primary level are far from capable of responding to the needs of the population. About 50 per cent of births take place outside health institutions. The lack of essential drugs is a serious obstacle to the proper functioning of the health services. Acquired immunodeficiency syndrome (AIDS), which appeared in 1983, is another health risk for women and children. Although the number of reported cases is low, it is estimated that 38,600 persons would test positive for the human immunodeficiency virus.

13. Approximately 41 per cent of the population in the country has a sewage system, but in rural areas this rate decreases to 6 per cent. An estimated 55 per cent have access to safe drinking water, but disparities exist. More than 70 per cent of urban dwellers have access to clean water, compared with only 22 per cent of the rural population. In addition, 56 per cent of all Peruvians live in communities without adequate garbage disposal systems, which contributes to an acceleration of environmental degradation.

14. The situation of the population, particularly women and children, has been aggravated further by the outbreak of cholera that began in January 1991. By 31 August, 257,000 cases had been reported, including 2,500 deaths. The cholera epidemic is living testimony to the neglect and deficiencies of the water supply system and sanitation services, particularly in rural and marginal urban areas. Moreover, apart from the loss of human life, this epidemic has had considerable economic costs for the country, amounting to $1 billion, according to official sources.

## PROGRAMME COOPERATION, 1987-1991

15. The 1987-1991 programme of cooperation included an innovative strategy that focused on the mobilization of poor women of reproductive age, allowing them to participate in collective actions aimed at child well-being and complementing the efforts of the public sector and non-governmental organizations (NGOs). The main goal of the country programme was to reach 2 million women and their children through a variety of women's organizations in order to enhance child survival and development (CSD). The strategy of the programme comprised mass coverage and strengthening of government institutions.

16. Given the magnitude of the problems facing the poor population, it was necessary to forge an alliance for CSD. The objective was to reach a consensus around the child involving all levels of society: the community, organized women's groups, communications media, religious organizations, NGOs and labour unions. Cooperation with the Catholic Church increased significantly.

17. As of June 1991, the programme had reached 1.2 million poor women grouped in 8,000 grass-roots organizations and approximately 700,000 children under five years of age in all departments of the country. This was made possible through the work of 150 intermediary organizations and a network of 8,300 fieldworkers at 2,800 child survival centres, 1,900 growth monitoring centres and 6,700 community oral rehydration units, a number of which were created between February and April 1991 to face the cholera epidemic. A list of evaluations conducted during 1987-1991 is provided in the annex to the present document.

18. Although the 80 per cent immunization target was not reached, record coverage of 72 per cent was obtained in 1990, despite serious budget cuts, tension created by the pre-electoral political situation and a five-month strike in the health sector. It proved the potential of a strategy based on social mobilization and complementarity. An inter-agency committee composed of the Pan American Health Organization (PAHO)/World Health Organization (WHO), the United States Agency for International Development (USAID), UNICEF and Rotary International provided valuable support.

19. Until 1987, dehydration caused by diarrhoea was the second cause of infant mortality. However, the creation of an extensive network of community oral rehydration units for the control, treatment and prevention of diarrhoea, as well as mobilization campaigns, contributed to the decline in diarrhoea-caused infant mortality in 1989. To control the cholera epidemic, the Ministry of Health incorporated the women's grass-roots organizations into its strategy, achieving a rapid and timely distribution of 1.6 million packets of oral rehydration salts (ORS) in one month. The impact of the epidemic was diminished, particularly in coastal areas, owing to the rapid reaction of the Ministry of Health and the effective role of the community oral rehydration units. UNICEF supported the Government's water chlorination programmes and the promotion of the use of emergency latrines, as well as provided ORS and supported the production of health education materials.

20. Growth monitoring activities were undertaken through 1,900 weighing posts established in poor urban and rural areas, enabling women's groups to learn more about their children's nutritional status.

21. A health module was set up for women's health and development, giving priority to reproductive health care and uterine and breast cancer detection, and taking institutional and private services closer to grass-roots women's organizations. Another module provided information on women's rights as domestic servants and workers. Technical and financial support was provided to promote income-generating activities. Credit lines were established and

channelled through urban and rural, technical and financial organizations that provide loans to small enterprises or directly to women's groups, and a revolving fund was established for financing basic services. It is estimated that there are over 7,000 popular kitchens throughout the country which benefit 2 million people; 13,000 "Glass of Milk" Committees, covering 1.2 million people at Lima alone; and 14,258 mothers' clubs, carrying out income-generating activities.

22. With regard to children in especially difficult circumstances, advocacy and awareness action on the principles of the Convention on the Rights of the Child was undertaken. An analysis of these children's situations was initiated with the National Institute of Family Welfare as the basis for providing them with programme support services. Working jointly with NGOs and other agencies, support was provided for the expansion and improvement of the quality of interventions benefiting these children, and for creating an awareness of their problems and needs.

23. Two important elements of the country programme have been substantive advocacy and social mobilization, in which the main objective has been to bring nationwide attention to children's problems and needs. Some of the main activities and other related developments include: (a) approval, despite the critical economic situation, of the National Programme of Action; (b) ratification of the Convention on the Rights of the Child by the new parliament; (c) creation of multi-party children's committees in parliament, trade unions and municipalities; (d) an appeal to all prominent members of society, made by the Archbishop of Peru in Lima Cathedral, to commit themselves to the cause of children; (e) a change of attitude among political leaders and other prominent members of society as they become more concerned about child-related issues; (f) mobilization of grass-roots organizations to scale up several child-related interventions leading to mass application; and (g) the learning of new skills related to CSD by grass-roots women's organizations.

24. The Programa Andina (PROANDES) (Programme for the Andean Region) is being implemented in the rural areas of Cajamarca, Cuzco and Apurimac as a complement to the 1987-1991 country programme of cooperation. Through PROANDES, UNICEF has supported the following: the provision of non-formal, pre-school education for 6,000 children; efforts to improve the availability of food for 24,000 people, as well as community nutrition surveillance; and the development of single water systems and the installation of pit latrines to benefit 16,500 people.

25. With funding from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC), specific studies on the evolution of the socio-economic situation and an analysis of priority actions for poverty alleviation and their costs were undertaken. UNICEF also supported seminars on social policies and the social costs of adjustment which contributed to the formulation of the National Programme of Action.

Lessons learned

26. During the programme period, UNICEF learned that the child is a powerful cause around which diverse groups and institutions of different ideologies can create alliances. The agreement signed between the Government, the Catholic Church and UNICEF to support the immunization programme is a good example in this regard. Other groups such as labour unions, the business sector and mass media have also formed alliances with the Government.

27. The experience gained from the current programme cycle showed that studies and evaluations made an important contribution to the social mobilization process. The evaluations have shown the effectiveness of the programme strategy and its capacity to respond to the ever-increasing health emergency. Another important lesson was that the monitoring and evaluation system needs to be strengthened so that cost-efficiency and programme impact can be measured. It was observed that, as a result of the cholera epidemic, there was a faster rate of adoption and use of oral rehydration therapy (ORT), including by doctors who were initially reluctant to accept and recommend this simple technology.

28. During the programme period, the fact that government and community actions can complement each other in order to achieve important results was reinforced. Despite political changes, the economic crisis and continuous, long-lasting strikes in the health and education sectors, the organizational structure created especially for the programme with a coordination committee and a decentralized operation has greatly facilitated programme implementation while maintaining the necessary flexibility within the framework of the country programme of cooperation.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 7,450,000
Supplementary funding: $40,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds b/ | Total |
|---|---|---|---|
| Health | 2 916 | 12 000 | 14 916 |
| Nutrition | 750 | 7 000 | 7 750 |
| Water supply and sanitation | 610 | 10 000 | 10 610 |
| Education | 610 | 6 500 | 7 110 |
| Children in especially difficult circumstances | 340 | 3 000 | 3 340 |
| Planning, monitoring and evaluation | 589 | 1 500 | 2 089 |
| Programme support | 1 635 | - | 1 635 |
| Total | 7 450 | 40 000 | 47 450 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

/...

The programming process

29. In preparing the 1992-1996 country programme, consideration was given to the assessment of the previous programme cycle and to the comments received from United Nations organizations and multilateral and bilateral donor agencies concerned with the situation of the country's population. Important recommendations were also made at an international seminar on poverty, adjustment and child survival held at Lima in December 1990 with donor participation. The strategy and priority areas of UNICEF cooperation were defined on the basis of the priorities expressed in the National Programme of Action, as well as the experiences gained during the previous period.

30. The proposed country programme will support government efforts to reduce the under-five mortality rate, increase the level of immunization, reduce malnutrition and the incidence of low birth weight and maternal mortality, improve the access of children to basic education and provide support services to children in especially difficult circumstances.

31. The objectives of the country programme are concomitant with the National Programme of Action drawn up by the Government of Peru to enhance implementation of the goals of the Declaration of the World Summit for Children. The National Programme of Action was prepared with the participation of the Church, NGOs, labour unions and regional and local governments. It seeks to promote health knowledge, social values and the availability of resources to satisfy the basic needs and development of the younger generation.

32. The programme will help to strengthen national capacity to monitor achievement of national goals, reinforce institutional capacity in the design, execution and evaluation of social policies, plans and programmes, and advocate the allocation and reorientation of resources to support implementation of social policies and programmes within the context of the programme.

33. The country programme strategy is based on large-scale interventions that emphasize the application of simple, low-cost and efficient technologies. The scope of the new programme is national. However, depending on the type of intervention, some projects will be implemented either at the national level or in specified areas of the country. The programme will support the empowerment of the poorest communities, strengthening local organizations as well as reinforcing the capacity for government institutions to provide basic services. To maximize the use of resources, the programme will be supported by social mobilization and the coordinated actions of public and private institutions.

34. The proposed programme is targeted to the poorest population strata, comprising 60 per cent of the total population, and its actions are concentrated in rural areas and marginal urban areas. Priority will be given to the regions with a higher concentration of the population in critical poverty, especially children and women of child-bearing age.

35. The country programme will strengthen and expand the activities of the previous programme, consolidate the achievements and also reinforce community participation and the coordination mechanism to permit further progress. Flexibility, a fundamental element in programme implementation, will be maintained. Cost-effectiveness and sustainability are also part of the programme interventions through the development of innovative and replicable models, influencing social and economic policies and creating solidarity among NGOs, the donor community, the private sector and the population at large for the achievement of the goals.

Health

36. This project will support the reduction of morbidity and mortality in children under five years of age due to immuno-preventable diseases, and increase immunization coverage in children under one year of age to 85 per cent, reducing measles and reducing morbidity and mortality. Key elements of the strategy include the strengthening of community participation, the reinforcement of institutional capacities and social mobilization. National and local vaccination days will be organized annually. Special strategies will be implemented in order to reach geographical areas in states of emergency based on the experience and strategy developed in the previous programme. To enhance sustainability, the programme will continue to support strengthened management of the expanded programme on immunization (EPI) at the institutional level in order to guarantee that health services respond adequately to the demands of the communities.

37. The project will strengthen the national diarrhoeal disease programme in those areas with the highest prevalence of diarrhoea and cholera (central and northern coasts, northern highlands and jungle), and improve knowledge about dehydration to ensure the proper use of ORS and increase ORT use at home and in the community. The project will strengthen the ORS distribution network through the community oral rehydration units. UNICEF will support the training of fieldworkers and health staff in peripheral centres, as well as the strengthening and increasing of the number of oral rehydration units from 6,700 to 12,000. Social mobilization activities will be developed to raise awareness and improve knowledge of family practices aimed at diarrhoea control.

38. The main activities to reduce ARI include strengthening the capacity of health services and providing the means for proper treatment and referral of cases by community health workers, particularly in the central and southern highlands. Training activities for adequate case management will be carried out for groups of women and health personnel, and training materials will be developed. Project activities also include sensitization and dissemination of information to families and communities for recognition of high-risk signs, home care and timely referral of severe cases.

39. It is widely recognized that perinatal and women's health is a very complex area deserving priority attention. UNICEF will advocate and support the formulation and implementation of a comprehensive, intersectoral national

maternal and child health (MCH) programme as one step towards the goals of reducing maternal mortality and perinatal mortality. Priority will be given to developing activities in marginal urban areas of big cities and in the highland and Amazon areas where there is a minimum coverage of health services. Training will be organized for health personnel and traditional midwives on preventive aspects. The "10 steps for a successful natural breast-feeding" and its adoption in all maternity wards throughout the country will be encouraged. The "Mother Kangaroo" technique for low-birth-weight babies will be promoted and expanded. Special attention will be given to the preparation of educational materials for women's health and the prevention of AIDS and other sexually transmitted diseases.

40. Within the context of the Bamako Initiative, a pilot study is under way in support of a national policy on the use of essential drugs. This project proposes to expand the initial experience by establishing community drugstores in four health regions. The aim is to strengthen health services and to develop a process of co-partnership in decision-making and resource management between the State and community. A revolving fund will be established.

Nutrition

41. The main objective of this project is to help improve the nutritional condition of poor families, particularly children and women. Priority will be given to the introduction of low-cost technologies for controlling protein-energy malnutrition and micronutrient deficiencies. Policy formulation, institutional coordination and the development of common criteria concerning nutrition will be promoted. To improve food production and the nutritional aspect, women's organizations and community leaders will be trained in production techniques and basic nutrition education. Technical assistance will be provided to improve the management and efficiency of popular kitchens. Greater attention will be given to the control and prevention of micronutrient deficiencies in conjunction with the MCH project - iron in pregnant women, vitamin A in children and IDD in all goitre-endemic areas. Community education to raise public awareness of the serious consequences of IDD, especially among pregnant women and children, and to encourage the use of iodized salt will be an important element of the project. Institutional, community-based nutrition surveillance will be developed and growth monitoring will be strengthened.

Water supply and sanitation

42. This project seeks to improve the population's access to safe drinking water; improve sanitary latrine facilities and the collection and disposal of garbage while also protecting the environment; and increase awareness of environmental sanitation and personal hygiene. Achieving these objectives will have a major impact on the reduction of morbidity caused by infectious diseases, particularly acute diarrhoeal diseases and cholera. The strategic elements include the active participation of the beneficiaries, which will lead to structural changes in environmental health and behaviour, and the identification of appropriate techno' ies and the diffusion of low-cost

models to provide water supply and latrine facilities and to improve the environment.

43. Project activities include health education, improvement of water quality and increased access to safe drinking water and sanitary facilities in underserved communities. Local committees will be organized to help plan, install, maintain and operate the services. Social communication activities will help to create awareness of the problem and demand for services and resources for the provision of safe drinking water and sanitation facilities. The programme will complement the emergency actions carried out during the cholera epidemic in the area of water supply, sanitation and hygiene.

Basic education

44. This project includes early child care and development, basic education and adult literacy. Pre-school education will be provided to 650,000 children under six years of age, with an emphasis on the girl child. The project will also promote the integral care of the child, including physical, psychological and mental development, applying proven approaches, methodologies and experiences, with a strong community involvement. The basic education project will focus on the transition from early childhood activities to primary education, supporting the development and adaptation of the curricula of the first two years, improvement of teaching skills and production of relevant materials. Activities aimed at reducing illiteracy will seek to improve the level of education of women living in poverty using Facts for Life messages related to health, nutrition and child development, as well as support income-generating activities and environmental sanitation.

Children in especially difficult circumstances

45. This project will contribute to the formulation of policies and actions to benefit children living in difficult circumstances and to guarantee their access to basic education, health services and better nutrition. Its strategy will be developed in accordance with the principles established in the Convention on the Rights of the Child.

46. Proper mechanisms will be developed to protect child victims of armed conflict and to facilitate their access to health services and education. Advocacy aimed at influencing attitudes and behaviour and developing sensitivity in the community and society to the problems and needs of these children will also be supported. Special activities for the protection of children in especially difficult circumstances will be encouraged in such community services as the popular kitchens.

Planning, monitoring and evaluation

47. UNICEF will support the establishment of a system at the National Institute of Statistics to monitor progress made in achieving the goals at national and regional levels. Support will be provided for formulating regional programmes of action, strengthening government capacity to formulate

and implement social policies and programmes, and promoting initiatives aimed at mobilizing resources to support implementation of the National Programme of Action. Advocacy efforts will be pursued to seek budgetary resources for social projects to ensure adequate implementation of the National Programme of Action.

48. Experience gained from the previous programme of cooperation has shown that advocacy and social mobilization are fundamental strategies for creating public awareness of the problems and needs of children and for stimulating participation in programmes that benefit them. Experience has also shown that social mobilization is a key element for reaching a consensus on children and making survival, protection and development a priority goal. Advocacy and social mobilization will continue as central components of the 1992-1996 programme, enabling it to maintain the momentum already achieved and facilitate further progress.

49. Efforts will be made to build alliances and obtain the commitment and further support of the private sector, the Church, labour unions, NGOs, communications media and grass-roots organizations by disseminating information on the goals of the National Programme of Action and related programmes and by organizing a series of educational and promotional activities. An effort will be made to make political leaders more conscious of the effects of the crisis and of structural adjustment programmes on the living conditions of the poor.

50. Monitoring activities will include the definition of baseline and community-based monitoring systems, establishment of sentinel sites, field visits and progress reports using qualitative and quantitative methods. A mid-term review will be conducted in 1993 with national counterparts, grass-roots organizations and other partners involved to review programme progress and management. The results of each evaluation will be used to make adjustments to the programme, if necessary, which will also be disseminated to beneficiaries and government institutions at central and local levels.

Cooperation with other agencies

51. UNICEF will continue to work closely with other agencies of the United Nations system and with bilateral and multilateral donor organizations with a view to maximizing the use of resources. Coordination will be established with PAHO/WHO, USAID and the United Nations Population Fund (UNFPA) in the implementation of immunization, the control of diarrhoeal diseases (CDD), ARI and MCH activities. UNICEF will join in efforts by the United Nations Development Programme (UNDP), PAHO/WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP) to develop and support nutrition programmes, and with PAHO/WHO, USAID, WFP and the Centro Panamericano de Ingenier a Sanitaria (CEPIS) for water supply and sanitation. UNICEF will also work closely with UNDP, the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to achieve the goal of education for all. Close collaboration will be maintained in several lines of action such as health, education and children in especially difficult

circumstances with Rotary International on EPI; with Junior Chamber of Commerce International on CDD; Radda Barnen (Sweden); the Bernard Van Leer Foundation; Save the Children (United Kingdom and Canada); and the German Agency for Technical Cooperation.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Peru (1990 and earlier years) UNICEF country classification

| | | | |
|---|---|---|---|
| Under-five mortality rate | 116 | (1990) | High U5MR |
| Infant mortality rate | 82 | (1990) | High IMR |
| GNP per capita | $ 1160 | (1990) | Lower-middle GNP |
| Total population | 21.6 Millions | (1990) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|
| Births | (thousands) | 556 | 623 | 629 | 647 |
| Infant deaths (under 1) | (thousands) | 66 | 63 | 59 | 53 |
| Under-five deaths | (thousands) | 92 | 90 | 83 | 75 |
| Under-five mortality rate (per 1,000 live births) | | 166 | 144 | 132 | 116 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 118 | 102 | 94 | 82 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1980/1984) | Moderate & severe | .. | 13a |
| | Severe | .. | 2a |
| Babies with low birth weight (%, 1979/1985) | | 9 | 9* |
| % of primary school children reaching final grade (1980/1988) | | .. | 70 |

| NUTRITION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Mothers breast-feeding at 3/6/12 months (%, 1977-78/1986) | | 81/ 71/ 54 | 85/ 76/ 58 |
| Prevalence of wasting (%, 1980/1985) | | .. | 3 |
| Prevalence of stunting (%, 1980/1985) | | .. | 43 |
| Daily per capita calorie supply (% of requirements, 1979-1981/1988) | | 92 | 97 |
| Food production per capita index (Index 1979-1981=100, 1980/1990) | | 93 | 90 |
| Household expenditure (% of total income, 1980-1985) | All food/cereals | | 35/ 8 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1989) | | | 25 |
| Access to health services | Total | 75 | .. |
| (% of population, 1980) | Urban/rural | .. /.. | ../.. |
| Access to safe water | Total | 49* | 61 |
| (% of population, 1980/1988) | Urban/rural | 67*/ 15* | 78/10 |
| Access to adequate sanitation | Total | .. | 50 |
| (% of population, 1980/1985) | Urban/rural | .. /.. | 67/12 |
| Births attended by trained personnel (%, 1986) | | .. | 78* |
| Maternal mortality rate (per 100,000 live births, 1983) | | .. | 300 |

| Immunization | | 1981 | 1985 | 1990 |
|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | 63 | 70 | 83 |
| | DPT | 18 | 48 | 72 |
| | Polio | 18 | 47 | 73 |
| | Measles | 24 | 53 | 64 |
| Pregnant women (%) immunized against | Tetanus | 4 | 8 | 9 |

TABLE 1 (continued)

Peru

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) | Total | 114/ 86 | ../ .. |
| (%, 1980/1988) | Male | 117/ .. | ../ .. |
| | Female | 111/ .. | ../ .. |
| Secondary enrolment ratio (gross/net) | Total | 59/ .. | ../ .. |
| (%, 1980/1988) | Male | 63/ .. | ../ .. |
| | Female | 54/ .. | ../ .. |
| Adult literacy rate, 15 years & older | Total | 71 | 85 |
| (%, 1970/1990) | Male/female | 81/ 60 | 92/ 79 |
| Radio/television sets | | | |
| (per 1,000 population, 1980/1988) | | 159/ 52 | 241/ 85 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1985 | 1990 | 2000** |
|---|---|---|---|---|---|---|
| Total population | (Million) | 13.2 | 17.3 | 19.4 | 21.6 | 26.3 |
| Population aged 0-15 years | (Thousands) | .. | 7624.6 | 8176.1 | 8599.3 | 9371.5 |
| Population aged 0-4 years | (Thousands) | .. | 2696.1 | 2767.4 | 2851.1 | 3100.8 |
| Urban population (% of total) | | 57 | 64 | 67 | 70 | 75 |
| Life expectancy at birth | Total | 54 | 58 | 60 | 63 | 68 |
| (years) | Male | 52 | 56 | 58 | 61 | 66 |
| | Female | 55 | 60 | 62 | 65 | 70 |
| Total fertility rate | | 6.3 | 5.0 | 4.3 | 3.8 | 3.0 |
| Crude birth rate (per 1,000 population) | | 42 | 36 | 33 | 30 | 26 |
| Crude death rate (per 1,000 population) | | 14 | 11 | 10 | 8 | 7 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate | | 33 | 46 |
| (%, 1978/1986) | | | |
| Population annual growth rate | Total | 2.8 | 2.2 |
| (%, 1965-1980/1980-1990) | Urban | 4.1 | 3.1 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate | | 0.8 | -2.0 |
| (%, 1965-1980/1980-1990) | | | |
| Inflation rate (%, 1965-1980/1980-1989) | | 21 | 160 |
| Population in absolute poverty | Urban/rural | 49/.. | 46*/83* |
| (%, 1978/1986) | | | |
| Household income share | Top 20%/bottom 40% | 61/ 7 | 52*/24* |
| (%, 1972/1985-1986) | | | |
| Government expenditure | Health/education | 5/ 11 | 6 /16 |
| (% of total expenditure, 1980/1987) | Defence | 13 | 20 |
| Household expenditure | Health/education | | 4 / 6 |
| (% of total income, 1980-1985) | | | |
| Official development assistance: | US$ millions | 203 | 300 |
| (1980/1989) | As % of GNP | 1 | 1 |
| Debt service | | | |
| (% of goods & services exports, 1980/1989) | | 31 | 4 |

a/ Aged 0-71 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1991

(In thousands of United States dollars)

COUNTRY: PERU
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $5,950,000

| | Supplies and equipment (incl. freight) | | Training grants | | Project staff | | Other cash | | Totals | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Total |
| Health | 1027 | 1324 | 435 | 325 | 8 | 19 | 2634 | 1213 | 4104 | 2881 | 6985 |
| Water supply and sanitation | 56 | 206 | 5 | 29 | 2 | 136 | | 376 | 63 | 747 | 810 |
| Nutrition | 25 | 473 | 9 | 70 | 2 | 70 | | 652 | 36 | 1265 | 1301 |
| Education | 26 | 87 | 30 | 258 | | 44 | 19 | 751 | 75 | 1140 | 1215 |
| Community organization and development | 11 | 96 | 4 | 102 | | | 170 | 843 | 185 | 1041 | 1226 |
| Women-centred programme | 127 | 137 | 165 | 150 | 165 | 88 | 2167 | 1995 | 2624 | 2370 | 4994 |
| Children in especially difficult circumstances | | 2 | | | | 22 | | 254 | | 278 | 278 |
| Advocacy | | | 4 | 74 | 98 | | 330 | 54 | 432 | 128 | 560 |
| Emergency | 296 | 594 | | 55 | | | 223 | 325 | 519 | 974 | 1493 |
| Planning and project support | 78 | 75 | 33 | | 563 | 360 | 1082 | 785 | 1756 | 1220 | 2976 |
| Freight | 182 | 100 | | | | | | | 182 | 100 | 282 |
| GRAND TOTAL | 1828 | 3094 | 685 | 1063 | 838 | 739 | 6625 | 7248 | 9976 a/ | 12144 | 22120 |

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocation from global funds.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

| Country: PERU<br>Period covered: 1992-1996 | Funding status | 1992 | 1993 | 1994 | 1995 | 1996 | Total |
|---|---|---|---|---|---|---|---|
| Health | GR | 671 | 650 | 640 | 640 | 315 | 2916 |
| | FSF | 120 | | | | | 120 |
| | NSF | 1500 | 3000 | 3000 | 3000 | 1500 | 12000 |
| Water supply and sanitation | GR | 100 | 170 | 125 | 125 | 90 | 610 |
| | FSF | 570 | | | | | 570 |
| | NSF | 1500 | 2500 | 2500 | 2500 | 1000 | 10000 |
| Nutrition | GR | 100 | 150 | 200 | 200 | 100 | 750 |
| | FSF | 133 | | | | | 133 |
| | NSF | 900 | 1800 | 1800 | 1600 | 900 | 7000 |
| Education | GR | 70 | 140 | 160 | 160 | 80 | 610 |
| | FSF | 2 | | | | | 2 |
| | NSF | 800 | 1700 | 1600 | 1600 | 800 | 6500 |
| Children in especially difficult circumstances | GR | 50 | 80 | 80 | 80 | 50 | 340 |
| | FSF | 86 | | | | | 86 |
| | NSF | 300 | 750 | 750 | 750 | 450 | 3000 |
| Planning and social statistics | GR | 129 | 130 | 130 | 130 | 70 | 589 |
| | NSF | 250 | 350 | 350 | 350 | 200 | 1500 |
| Programme support | GR | 530 | 330 | 315 | 315 | 145 | 1635 |
| Integrated area-based programme | FSF | 115 | | | | | 115 |
| | USF(R) | 3723 | 900 | | | | 4623 |
| Emergency water and sanitation | FSF | 86 | | | | | 86 |
| Emergency cholera control | FSF | 31 | | | | | 31 |
| | USF(R) | 1377 | | | | | 1377 |
| TOTAL | GR a/ | 1650 | 1650 | 1650 | 1650 | 850 | 7450 |
| | FSF | 1143 | | | | | 1143 |
| | USF(R) | 5100 | 900 | | | | 6000 |
| | NSF | 5250 | 10100 | 10000 | 9800 | 4850 | 40000 |
| GRAND TOTAL | | 7893 | 2550 | 1650 | 1650 | 850 | 14593 |

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF(R) = Unfunded supplementary funding subregional.
a/ In addition, $405,000 was allocated for 1992 and 1993 from Special Adjustment Facility for Latin America and the Caribbean.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

| COUNTRY: PERU | Number of posts | Amount (Thousands of United States dollars) |
|---|---|---|
| FINANCED FROM 1992-1993 APPROVED BUDGET: | | |
| International Professional established posts | 3 | 681 |
| Local national Professional and General Service established posts | 16 | 879 |
| Operating costs | | 1344 |
| Total | 19 | 2904 |
| FINANCED FROM PROGRAMME FUNDS: a/ | | |
| International Professional project posts | | |
| General resources | 1 | 203 |
| Supplementary funds | 1 | 203 |
| Local national Professional and General Service project posts | | |
| General resources | 16 | 778 |
| Supplementary funds | 11 | 683 |
| Total | 29 | 1867 |

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

## Annex

## LIST OF STUDIES AND EVALUATIONS

### Studies

1. Organizational profile of female grass-roots organizations in marginal urban neighbourhoods.

2. Child-rearing habits in rural areas of the South Andean area of the country.

3. Income-generating activities of women in 18 urban and rural micro-regions.

4. Technical analysis of the initial education system (pre-school) in Peru.

5. Analysis of the health situation in the areas covered by the proyecto de revitalizaci n de servicios perif ricos de salud con participaci n annual (PRORESEP) (project for revitalizing peripheral health services with community participation).

### Evaluations

1. Evaluation of PROANDES (Apurimac, Cajamarca, Cuzco).

2. Evaluation of programa para el apoyo integrado a las comunidades rurales y urbanas marginales (PAICRUM) (Programme for integrated support to rural and marginal urban communities) in 10 departments. Income-generating projects with support from the agriculture/food development fund (FDA).

3. Evaluations of the campaign to strengthen the national programme against diarrhoeal diseases.

4. Evaluation of the impact of the immunization strategy in Puno during 1990, and estimation of contribution of the women's mobilization and child survival programme.

5. Evaluation of the immunization programme of the Department of Puno, supported by UNICEF in 1990.

6. Evaluation of the triennial health plan.

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1992 session

FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## Cambodia

The Executive Director recommends that the Executive Board approve the country programme of Cambodia for the period 1992-1994 in the amount of $6,000,000 from general resources, subject to the availability of funds, and $71,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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## THE SITUATION OF CHILDREN AND WOMEN

1. After the 1979 change in authorities, Cambodia made remarkable progress in restoring health and education services, using medical assistants instead of doctors and teachers provided with only brief training. Inevitably, the quality of these services has become an important issue. At the time, the former Union of Soviet Socialist Republics and its allies were almost the only sources of bilateral assistance, but during 1990, situations in these countries caused them to terminate material support and withdraw their technical advisers. Vietnamese technical advisers were also withdrawn.

2. The adoption of a new constitution in 1989 launched a liberalization process, which has accelerated since the peace agreements of October 1991. In rural areas, individual land-use rights have replaced communal or cooperative use of land. In urban areas, "wild" capitalism is developing rapidly, particularly in the fields of commerce and real estate.

3. While there is a welcome increase in economic activity, at the same time, the public sector is being seriously eroded and no "safety net" remains for low-income households. Inflation at the rate of some 100 per cent per year is eating away the purchasing power of all low-income households. The salaries of those working in public administration have not been increased, and indeed, have become irrelevant. In order to live, service providers who can do so convert to private practice. The population must pay for both health care and education, clearly leaving some without either service. Operating budgets in education and health have virtually disappeared, except for what individual provinces can afford to spend.

4. Further problems are posed by the prospective return of 350,000 refugees, the resettlement of some 170,000 internally displaced persons and the reinsertion into the economy of even greater numbers of demobilized soldiers, mostly very young men, who have few skills for civilian life. The Office of the United Nations High Commissioner for Refugees (UNHCR) will assist refugees, and UNICEF will cooperate in the establishment of water points, health posts and schools in the proposed resettlement areas. However, many people are expected to resettle in peri-urban areas around Phnom Penh and Battambang, which will require the reinforcement of social services.

5. In education, the enrolment of 1.3 million children in primary schools amounts to 80 per cent of children 6 to 10 years of age. However, repetition and drop-out rates are so high, particularly for girls, that only 10 per cent of those children reach grade 5. In the area of health, although there is no secure database, it is estimated that child and maternal mortality rates are high. Immunization coverage reached about one third of the target group in 1991, but the number of people consulting the health system has become negligible, for one reason, because it no longer has drugs to fill prescriptions. According to one survey, in the water supply and sanitation sector, 17 per cent of the population have access to clean water and 13 per cent use latrines.

6. The high mortality rates create a presumption that there is a nutrition problem, but this possibility has not been surveyed systematically. Household food production is in fragile equilibrium with needs. As a result of the war, women comprise 60 per cent of the population, and one fifth of heads of household are widows. For children, the most visible problem is the high number maimed by mines. Hidden traumas from war experiences and the loss of parents are also problems. A fuller description of the situation of children and women will become available in a revised situation analysis, due to be completed in 1992. Meanwhile, the Executive Director's information note on the situation of children and women in Cambodia (E/ICEF/1992/CRP.4) is available.

## PROGRAMME COOPERATION, 1989-1991

7. UNICEF began its cooperation in Cambodia in 1952. Cooperation was interrupted due to internal strife in the country from April 1975 to the end of 1978. During that time, much of the country's infrastructure, including that of education, health and other social services, was destroyed. From 1979 to 1981, UNICEF was the lead agency for a period of emergency, assisted by several United Nations organizations and bilateral agencies. UNICEF then resumed its normal cooperation role.

8. In October 1988, UNICEF and the appropriate authorities agreed in principle on a three-year programme of cooperation (1989-1991). The emphasis of the programme was shifted from primarily emergency activities to those more closely related to the survival and development of children. The "new" UNICEF programme of cooperation sought to promote a greater integration and convergence of basic services in the 11 most populated provinces around Phnom Penh.

### Education

9. During the 1989-1991 period, UNICEF focused much of its assistance on the development and publication of teaching and learning materials for primary schools. School textbook production was increased from 100,000 to 500,000 textbooks per year, providing one book to be shared by every four to five pupils. A large number of poorly trained teachers had been introduced into the education system to remedy the shortage brought about by the loss of the country's professional class during the period of internal strife. In an early effort to address this problem, support was provided for teacher training. Support was also provided for the construction and equipment of additional classrooms in areas where internally displaced persons were returning.

10. In 1991, a National Conference on Education For All, co-sponsored by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP), produced recommendations on priority areas of assistance in the education sector. These included

improving the quality of basic education, increasing educational opportunities for girls and women and providing non-formal education.

Health

11. The main component of cooperation in health continued to be the expanded programme on immunization (EPI), with a delivery system that reached the periphery of the country. Activities took place in all 21 provinces, but did not cover insecure areas. Approximately one third of the national target population was reached, including up to two thirds of the population in the provinces closer to Phnom Penh. Sachets of oral rehydration salts were distributed through the EPI logistics system. Building upon the momentum of EPI, a beginning was made in strengthening maternal and child health (MCH) services in five provinces, including the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI) and treatment of vitamin A and iodine deficiencies. Essential drugs kits are supplied regularly to some 1,000 out of 1,517 communes.

Water supply and sanitation

12. UNICEF has supported water supply and sanitation activities in Cambodia since 1979 and was active in seven provinces from 1989 through 1991. Water points are now being established at a rate of 1,200 per year, covering an estimated 300,000 people. The target of installing 20 to 25 per cent of new water supply facilities in public institutions such as schools, district hospitals and health centres was not reached. Since 1988, a locally produced pump has been manufactured at a rate of over 500 per year. Latrines and sanitation programmes have been less successful, in part due to traditional customs. Hygiene and health education have also had limited impact. A 1991 coverage survey indicated that less than 10 per cent of the population in rural areas had access to sanitation facilities.

Women in development

13. UNICEF has cooperated with the Women's Association of Cambodia on child survival and development activities since 1985. Assistance has expanded over the years to include health education, the production of reading booklets for neo-literates, the provision of supplies for income-generation projects, study tours and capacity-building of the Women's Association staff. In addition, a number of pilot projects, including day-care facilities and credit schemes, have been supported. Following the UNICEF lead, a number of non-governmental organizations (NGOs) and United Nations agencies have recently begun to support Women's Association activities. In the last two years, the women's programme has shifted towards community-based projects, with credit schemes, income-generating activities and literacy being the major activities. The programme currently reaches 1,500 families in 50 villages.

Household food security/family food production

14. Household food security/family food production, which began as an emergency response to the 1986 drought, grew into a development programme, with the participation of the Ministries of Agriculture, Health and Education and the Women's Association. Schemes were implemented in teacher-training colleges, schools, nutrition centres and female-headed households. By the end of 1991, family food production activities were being undertaken by 17,000 families in 330 villages and by 135 schools and teacher-training centres.

Children in especially difficult circumstances

15. Since a comprehensive study has not yet been conducted on children in difficult circumstances, UNICEF has undertaken a series of needs assessment studies to identify major areas of concern and determine the magnitude of the problems. As in the past, these studies will serve as a basis for systematic programme intervention. One study, undertaken in collaboration with the Ministry of Social Action and an international NGO, focused on orphans and the adequacy of institutional care in Cambodia. As a result of the study, a significant number of recommendations for action were presented to the appropriate authorities, resulting in some restructuring of institutional care and better organization and management of international assistance to orphanages. Although a thorough needs assessment on physical disabilities has yet to be carried out, because of the obvious priority of the problem, UNICEF began to cooperate with Handicap International in a rehabilitation project; however, the scope of this project was limited by the lack of qualified personnel.

Lessons learned

16. Due to severe security constraints, few formal programme evaluations have been undertaken. However, informal annual programme reviews were conducted and have resulted in significant modifications, the most recent being the shift from emergency operations to longer-term rehabilitation activities, in order to lay the foundations for future developmental programmes. Important lessons learned over the last few years and incorporated into the new programme include the efficacy of: (a) cooperating further with NGOs to deliver services, especially in rural areas; (b) continuing the shift of implementation activities from the central level to provincial/district and community levels; (c) continuing to emphasize local capacity-building; and (d) increasing the convergence of services in the provinces.

## RECOMMENDED PROGRAMME COOPERATION, 1992-1994

17. In 1990, a country programme recommendation for 1992 was prepared and submitted to the 1991 session of the Executive Board (E/ICEF/1991/P/L.12). At that session, the Executive Board approved general resources in the amount of $3,000,000 and supplementary funds in the amount of $9,000,000 for 1992. However, in 1990, an escalation of the conflict, mass internal displacement of

people, uncontrolled privatization and the cessation of aid from the Eastern European countries made it necessary to modify the programme. The Paris peace agreements of October 1991 made further modifications appropriate. Additional funds in the amount of $6,000,000 from general resources and $71,000,000 in specific-purpose contributions, subject to the availability of funds, are recommended for 1993 and 1994, making a total for the three-year period of $9,000,000 for general resources and $80,000,000 for specific-purpose contributions.

Recommended general resources: $6,000,000
Supplementary funding: $71,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds b/ | Total |
|---|---|---|---|
| Health | 1 200 | 22 900 | 24 100 |
| Water supply and sanitation | - | 18 500 | 18 500 |
| Education | 900 | 15 800 | 16 700 |
| Household food security | 600 | 9 000 | 9 600 |
| Children in difficult circumstances | 300 | 4 700 | 5 000 |
| Women in development | 600 | 3 600 | 4 200 |
| Social mobilization and advocacy | 300 | 900 | 1 200 |
| Programme support | 5 100 | 4 600 | 9 700 |
| Total for 1992-1994 | 9 000 | 80 000 | 89 000 |
| Of which already approved | 3 000 | 9 000 | 12 000 |
| Total new funding recommendation | 6 000 | 71 000 | 77 000 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

18. The above total is a comprehensive statement of UNICEF requirements for 1992-1994 in accordance with the circumstances now generally foreseen for that period. Supplementary funds that may be received as a result of appeals apart from those associated with the present country programme recommendation would count towards this total. For example, if funds were to be received as a result of the report of the United Nations inter-agency humanitarian mission to Cambodia (31 October-13 November 1991), which covers similar programme content and funding requirements for health and education, although for a much shorter period, these funds would be reduced from the 1992-1994 UNICEF programme of cooperation. A longer-term programme will be discussed with the Government that emerges from the 1993 elections and presented to the Executive Board at its 1994 regular session. If changes in the present programme recommendation are necessary, revised recommendations will be presented to the Board before 1994.

Strategy of UNICEF cooperation

19. Through the enlarged cooperation proposed in this country programme recommendation, UNICEF will be working within and contributing to the substantial United Nations participation in the consolidation of peace and rehabilitation in Cambodia, through the work of the Secretary-General's Special Representative and his Coordinator of Humanitarian Relief, the United Nations Transitional Authority in Cambodia (UNTAC) and other United Nations agencies.

20. In order to reduce the difficulties inherent in the erosion of the public sector, the focus of operational intervention will be on the district, with planning, technical and supervisory support from the province. Districts will assist communes, which, in turn, will perform outreach activities in villages. The country has a policy of decentralization; provinces are financially autonomous, and for the moment, their revenues appear to be more stable than those at the central level.

21. An annual plan of action will be prepared with the involvement of provinces, based on their specific needs and priorities, and the involvement of the various partners, with district and community input. Provinces will profit from whatever policy guidance and technical support the central ministries can continue to deliver. If the means of the central administration are further reduced, the minimum level of assistance might include the deployment of a few senior people to the provinces for advice and supervision, which UNICEF may have to facilitate.

22. In Cambodia, there are 21 provinces, 167 districts, 1,517 communes and some 12,000 villages. UNICEF has been cooperating mainly in the 10 provinces closest to Phnom Penh and the municipality of Phnom Penh. Now that the remaining 10 provinces have become accessible, at least in part, UNICEF proposes to progressively support an extension of coverage into these areas. During the 1992-1994 period, the target is to increase the number of districts covered from the 40 now receiving health support to multisectoral cooperation in 100 districts, representing 60 per cent of districts, and serving

80 per cent of the population of Cambodia. In 1992, the programme will extend its cooperation into the four north-western provinces that are expected to receive the bulk of returning refugees. In accordance with discussions with UNHCR, assistance will include the provision of potable water and health and school facilities for the populations in areas selected for resettlement. UNICEF assistance for returning refugees will be provided along the same lines as UNICEF assistance elsewhere in Cambodia.

23. The programme will emphasize more popular involvement, participation and responsibility, along with a closer convergence of services for mutual reinforcement. The renewed status of Buddhism as the State religion and the return of the 10 per cent of surviving bonzes (priests) may provide one source of community revival. Local responsibility for health and school services in terms of cost recovery and budgeting will be assisted. Interventions during the transition period will be as simple and concrete as possible, with substantial emphasis on the provision of water points, essential drugs, schoolrooms and textbooks, all accompanied by extensive training and retraining of staff.

Country programme objectives

24. Cambodia was unable to participate in the World Summit for Children, and the country does not have the resources and data to prepare a formal national programme of action with quantitative goals. However, the seven major Summit goals are relevant to Cambodia, and the proposed interventions will contribute to the realization of the goals for children and development in the 1990s. In addition, baseline data will be collected during the early stages of service delivery, which will help to guide work during the transition period and provide the foundation for a new programme, more formally related to the Summit goals, in the second half of the decade.

25. The objectives of the 1992-1994 programme of cooperation fall within the overall framework of (a) reducing infant, young child and maternal mortality; (b) providing access to safe drinking water and sanitary means of excreta disposal; (c) providing access to basic education and completion of primary education for at least 80 per cent of primary-school-age children; (d) reducing adult illiteracy; and (e) protecting children in especially difficult circumstances. The health services and the household food security programmes will contribute to the reduction of severe and moderate malnutrition. However, it will be difficult at first to measure the impact of these programmes in quantitative terms, since data on the nutritional status of the population are particularly scarce at present. Each programme will follow a provincial/district strategy, where applicable, and will be related to other relevant services for mutual support.

Returning refugees

26. In accordance with an exchange of letters between the High Commissioner for Refugees and the UNICEF Executive Director, UNICEF will assist in the preparation of new sites designated for returnees. UNICEF will assist in the

area of water supply in cooperation with the Oxford Famine Relief Campaign (OXFAM); in the area of health services in cooperation with the World Health Organization (WHO) and NGOs; in the area of education facilities in cooperation with UNESCO; and in the area of household food production. In order not to discriminate against the local populations, the strategy is to increase service provision in the communities with sites designated for returnees through the same strategies that UNICEF supports in the rest of the province. It may be necessary to assist some 1,000 communities in all. One major constraint is the prevalence of landmines in abandoned agricultural areas in the northern and north-western provinces and in woodlands; unfortunately, de-mining is only just beginning. Related to these tasks, staff will be outposted, beginning in Battambang.

Internally displaced persons

27. Increased fighting in many areas in 1989 and 1990 resulted in the displacement of approximately 170,000 people as of December 1991. The Government has requested international assistance and UNDP has assumed the lead role for the reintegration of these displaced persons. UNICEF is actively cooperating and proposes to extend its general pattern of support for community services in water supply, health and education to accommodate the needs of internally displaced persons along the same lines as support provided for communities receiving returning refugees. Again, in many areas, de-mining is a prerequisite for the return of populations displaced during the war.

Health

28. To implement the provincial/district strategy, contracts will be established between UNICEF, the Direction provinciale de santé and, when possible, NGOs operating in the province or willing to do so. In light of the current lack of professional staff in the country, it is proposed to provide five provinces each year with the services of a health adviser, thus reaching the 15 provinces under the present programme recommendation by 1994. An adviser may be able to assist two or more neighbouring provinces. Because of the immediate need, interventions such as EPI and essential drugs will not be restricted to the provinces receiving managerial support. However, the improvement of management and the establishment of provincial management information systems will greatly improve the effectiveness of national and external resources. Staff (National Officers and United Nations Volunteers (UNVs)) will be outposted along with the health adviser to assist interventions in the areas of water supply and sanitation, household food security and women in development.

29. In each of the districts covered in the provincial plan, UNICEF will support the rehabilitation and re-equipment of the district hospital/health centre, with a focus on the establishment of an MCH clinic and refresher training of the staff. Activities in the area of MCH will include CDD, control of ARI and provision of services for birth spacing. The referral role of the district for the communes will be reinforced by supervision and training of the peripheral personnel, including traditional birth attendants.

30. Essential drugs kits will be distributed more widely than in recent years to provincial and district hospitals and to communes receiving some supervision in order to make more effective treatment possible and to increase attendance. The establishment of a central pharmacy with a UNICEF pharmacist is intended, and some provincial pharmacies may also be needed. The provision of essential drugs kits will indirectly channel some remuneration to the health personnel since private practice is vital for most of them. WHO expects to have resources for malaria treatment and prevention (mosquito nets) in the north-western provinces, where malaria is a serious problem.

31. The global EPI objective will be to raise coverage by 10 per cent each year after 1992 and to reach 70 per cent coverage by the end of 1994. These figures are estimates of potential achievement through routine immunization; however, any opportunity to increase coverage will be explored. In addition to the provision of vaccines and cold-chain and sterilization equipment, the decentralization of specific components of the programme will receive priority attention. Supervision and training will be provincially based, with budgets being directly allocated to the provinces. Significant support will also be provided for the training of staff in planning and supervision in order to allow other programmes to build on the strength of EPI.

32. A provincial operations research project will be conducted in the province of Kompong Chhnang to investigate and field-test solutions to questions related to the functioning and sustainability of the health and other convergent services systems. This project will provide other provinces with tested answers to complex problems, mostly in the areas of human resources management, organization of health services, financing of health care and community participation. The direct application of findings will begin by early 1993 and will accelerate the process of strengthening the health services in the country.

33. Given the crucial role of essential drugs, UNICEF and WHO will support the establishment of a national essential drugs policy, following the recommendations of a UNICEF/WHO joint study. In a related effort, an official method of cost recovery will be introduced, along with financial management and payment of salaries by hospitals and health centres, to replace the present informal charges for health services. These time-consuming reforms most likely will be tackled in the latter portion of the three-year programme.

Water supply and sanitation

34. Water supply and sanitation will play a key role in the new programme of cooperation. Improvements in these areas will, in turn, improve the health and well-being of the population, particularly that of women. Community maintenance of water supply and sanitation systems can be assured without imposing much of a burden on weak government services. Hence, the major objectives for the water supply and sanitation programme are: (a) to accelerate the extension of access to safe drinking water and improved means of excreta disposal in the provinces where an intersectoral approach is being

made, which will involve the use of additional means of water supply, such as surface-water treatment, where wells can only be drilled slowly (e.g., in hard-rock areas); (b) to step up the extension of latrines for households, schools and health facilities with community involvement; (c) to increase provincial institutional capacity to plan, manage and implement water supply and sanitation activities; (d) to increase hygiene education (linked with literacy training and schools); and (e) to provide services for the communities receiving the estimated 350,000 Cambodians returning to the country and the 175,000 internally displaced persons.

35. UNICEF will begin to work with the Water Section of the Ministry of Agriculture, as OXFAM does, as well as with the Ministry of Health; relations will be developed with the provincial sections of these ministries as well. For areas with a high water-table, locally-manufactured drilling rigs and pumps will be used.

36. The 1992-1994 programme will aim at doubling service output by the end of 1992 and tripling it by 1994. Three additional provinces, including those with areas designated for returnees, will be added to the 11 provinces where the programme is presently active. A total of 1.5 million people are expected to benefit over the next three years.

Education

37. Taking into account the recommendations made at the 1991 National Conference on Education for All, where possible, UNICEF cooperation in education, undertaken in consultation with UNESCO, will consist of interlinked and mutually reinforcing fields of support: teacher training; textbook production; enhancement of the learning environment; development of a management information system at the provincial level; curriculum development; and literacy instruction. Improvements in the quality of education should reduce repetition rates, which are a major problem in the education system at present.

38. Teacher training will be pursued within the general provincial strategy. UNICEF will continue to assist pre-service teacher-training schools, including the construction of separate living facilities for women, the lack of which is a major reason for the low proportion of female teachers. Basic rehabilitation of facilities will be undertaken for five colleges per year. In-service training, including the exploration of distance training, will be very important. Some 90 self-contained basic classroom education kits and 2,000 individual teacher kits will be provided.

39. Some 2 million textbooks will be printed annually, beginning with substantial off-shore printing. However, the capacity of the Ministry of Education print workshop will be raised from 500,000 to 2,000,000; UNICEF has recruited a textbook production specialist for this task. UNICEF will continue to provide essential supplies.

40. In areas designated for returnees, UNICEF will provide supplies for the construction of additional schoolrooms. Some 500 schools per year will be provided with safe drinking water and latrines.

41. To make a beginning in the crucial area of curricula development, a section of the Ministry of Education must remain operational; however, the means by which to do so are not yet clear. It is hoped that UNESCO will play a major role in this area, and UNICEF cooperation will focus on the health, nutrition, household food production and personal and environmental hygiene elements of the curricula. The curricula presently used in the refugee camps will also be used.

Household food security and nutrition

42. It is obvious that the problem of insufficient household food supplies poses nutritional risks for some groups. In the various provinces, the production of the staple food, rice, is at present in a fragile state of equilibrium with requirements, hampered by low yields, poor seeds, lack of fertilizer and climatic disturbances such as the floods in three southern provinces during August through September 1991. The Ministry of Agriculture has little operational research capacity to help increase capacity.

43. Another major difficulty is insufficient income among households whose labour force has been diminished by war and other casualties over the last 15 years. The family food production project has helped the Women's Association to tackle general and income-related nutrition problems on a pilot scale, through support, including credit, for household gardening, small animal raising and fish ponds, among other schemes. There is a ready market for what households do not consume themselves. Thus, the current approach, which has proven to be successful, will continue to receive support. Additionally, technical support will be provided for increased rice production by cultivators of small paddy-fields. Family food production activities will be made available as an option for provinces and districts that are beginning to revive water supply, health and education services. Activities will also be offered in areas receiving refugees.

44. Schools and teacher-training colleges will be provided with assistance in the practical training of students in agricultural technologies. The schools' health education departments will also be assisted with demonstrations of better dietary and health care practices.

45. There is a Family Food Production Central Committee composed of representatives of the Ministries of Agriculture and Education and the Women's Association. At present, family food production provincial and district committees take care of day-to-day responsibilities in project implementation; these committees will need to expand their responsibilities in the future. Provincial family food production cadres meet regularly with district cadres and village committees. The family food production project will be developed in conjunction with the convergent services approach.

Children in especially difficult circumstances

46. Given the number of disabled children (especially those maimed by mines) and the inadequate services provided for them, UNICEF will aim to increase services for disabled children and women as an immediate priority. Cooperation will focus on the provision of prosthetics and the rehabilitation of children and woman, including those suffering from trauma and other less visible handicaps, such as damage to hearing. A programme to reintegrate the disabled back into their communities wherever possible will be implemented in association with women in development activities and the schools. An advocacy and community education component will seek to change traditional attitudes towards disabilities, and a mine awareness programme will be supported as part of social communications activities.

47. Needs assessment studies on disabled children, child labour, sexual exploitation and psychological trauma will be carried out in cooperation with a number of NGOs. Based on these studies, a series of projects will be developed. UNICEF is also negotiating with NGOs currently providing services in the refugee camps to provide services inside Cambodia once the refugees return.

Women in development

48. At community and provincial levels, support will be expanded for activities such as functional literacy, income generation, credit schemes, pilot child-care projects and attention to the problems of adolescent girls, with an emphasis on the rapid extension of successful schemes. As part of the general strategy of promoting increased convergence of services at the village level, the involvement of women will be explored in all interventions, especially the effective representation of women in health committees and water point committees and in community decision-making related to the well-being of children and women.

49. At the provincial level, efforts will be made to promote women's advocacy of policy issues which relate to their development. The training of Women's Association staff in community development and management skills will continue, with an added emphasis on enabling Women's Association members to promote good child-care practices.

Social communications

50. A social communications officer began work in the UNICEF office early in 1992. Activities in this area will include: (a) analysis of the present situation of social communications in the provinces where comprehensive services are being developed; (b) development of education/information material specific to the needs of the programmes; (c) implementation of two mass education/information campaigns per year each on a top priority topic; and (d) assistance to the provincial teams in social communication.

Inter-agency cooperation

51. UNICEF, UNHCR and the World Food Programme have been the only United Nations agencies to maintain a continuous presence in Cambodia since 1979. In 1990, UNDP opened a liaison office, and more recently, WHO, UNESCO, and the Food and Agriculture Organization of the United Nations have increased their presence in the country, all of which makes possible a more effective UNICEF association with these agencies in their respective fields of cooperation. UNICEF has participated in numerous United Nations assessment missions and has actively advocated that additional attention be given to the social sectors and vulnerable groups in all rehabilitation schemes.

52. In the health field, a coordinating committee already exists, which allows better collaboration between the Ministry of Health, NGOs, WHO and UNICEF. There is a similar committee in the Ministry of Agriculture for family food production. These mechanisms now need to be adapted to the provincial level, and extended to all of the primary fields of intervention. It is highly desirable that bilateral aid agencies join the committees as they come into the field.

Monitoring and evaluation

53. As would be expected from Cambodia's recent situation, all aspects of monitoring and evaluation are weak. In accordance with the general strategy of this recommendation, the emphasis will be on building monitoring capacity at provincial and district levels. Emphasis will also be placed on establishing a more active role for the population covered by the services. For the long term, this will involve the following steps in all programme areas: (a) preparing an annual plan of action for each province, based upon specific needs, priorities, objectives and involvement of the various partners, within the context of the overall country programme of cooperation; (b) promoting greater involvement of the community in the monitoring of programme activities by strengthening their participation and understanding of the planning process; (c) using the opportunity of establishing or upgrading service delivery to collect baseline data with community participation; and (d) selecting indicators and designing a system for data collection and monitoring that will be useful to each decision-making level, from the commune, the district and the province, to the centre.

54. During the transition period, it is expected that information will be collected on service delivery, and some sentinel sites will be established for the collection of data on the current situation and on the impact of services. At the starting point, with the village or commune committee, and at the end point, with top decision makers, the monitoring system should reflect the convergence of all the programmes in one group of social indicators. Data specific to the concerns of technicians in the areas of health, water supply, education and children in especially difficult circumstances, among other areas, will also be available.

55. UNICEF will pay travel allowances or other compensation to the Cambodian workers involved in monitoring and evaluation activities, costs that may be reduced progressively through greater involvement of the beneficiary communities. A UNICEF monitoring and evaluation officer began work in January 1992.

56. Various sectoral evaluations are planned, all contributing to an overall evaluation in 1993 to guide the next programme. An evaluation of the rural water supply project is planned to be carried out jointly with OXFAM in April 1992. An external review of EPI is also planned for the second quarter of 1992.

Programme support and staffing

57. With the erosion of the public sector, and in particular, the almost total loss of the value of salaries, it will be necessary for UNICEF to undertake certain tasks, such as the management of textbook production and the distribution of essential drugs kits, which countries themselves perform in more normal circumstances. When advantageous, contractors will be hired to carry out certain interventions, such as well drilling.

58. The goals of the present recommendation can only be reached with outposting and an increase in staff, along with the adaptation of the 1989 plan of operations to the rapidly changing circumstances. Staff should be outposted to support the strategy of concentration on the provincial level, beginning in Battambang, and if possible, reaching five provinces per year. Outposted staff would include support staff in health, education and water supply and sanitation. By 1994, outposted staff would comprise 9 project officers, 10 National Officers and 12 UNVs. Phnom Penh should be strengthened with 7 project officers and 11 National Officers. Thus, the use of National Officers would be introduced into the programme, along with cooperation with UNVs or other sponsored volunteers. All national staff, including secretaries, will have to be trained by UNICEF. The posts proposed are project posts, some of which can be cancelled as the country restores its public sector.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Cambodia | (1990 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 193 | (1990) | Very high U5MR |
| Infant mortality rate | 123 | (1990) | Very high IMR |
| GNP per capita | .. | | |
| Total population | 8246.0 Thousands | (1990) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|
| Births | (thousands) | 284 | 224 | 325 | 322 |
| Infant deaths (under 1) | (thousands) | 44 | 48 | 47 | 40 |
| Under-five deaths | (thousands) | 69 | 74 | 73 | 62 |
| Under-five mortality rate (per 1,000 live births) | | 244 | 330 | 226 | 193 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 156 | 212 | 145 | 123 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1980/1987) | Moderate & severe | 32* | .. |
| | Severe | 5* | .. |
| Babies with low birth weight (%, 1979/1987) | | .. | .. |
| % of primary school children reaching final grade (1986) | | .. | 50* |

| NUTRITION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Mothers breast-feeding at 3/6/12 months (%, 1987) | | ../../.. | 100*/ 93*/ 72* |
| Prevalence of wasting (%) | | .. | .. |
| Prevalence of stunting (%) | | .. | .. |
| Daily per capita calorie supply (% of requirements, 1979-1981/1984-86) | | 84 | 98 |
| Food production per capita index (Index 1979-1981=100, 1980/1990) | | 114 | 160 |
| Household expenditure (% of total income, 1980-1985) | All food/cereals | | ../.. |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1988) | | | 6 |
| Access to health services | Total | .. | 53 |
| (% of population, 1980/1985) | Urban/rural | ../.. | 80/ 50 |
| Access to safe water | Total | .. | 3 |
| (% of population, 1980/1990) | Urban/rural | ../.. | 40/ 15 |
| Access to adequate sanitation | Total | .. | .. |
| (% of population, 1980/1987) | Urban/rural | ../.. | ../ .. |
| Births attended by trained personnel (%, 1984) | | .. | 47* |
| Maternal mortality rate (per 100,000 live births, 1981) | | .. | 500 |

| Immunization | | 1981 | 1985 | 1990 |
|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | .. | 57 | 54 |
| | DPT | .. | 23 | 40 |
| | Polio | .. | 26 | 40 |
| | Measles | .. | 29 | 34 |
| Pregnant women (%) immunized against | Tetanus | .. | 21 | 0 |

TABLE 1 (continued)

Cambodia

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) | Total | ../ .. | 83*/ .. |
| (%, 1980/1989) | Male | ../ .. | .. / .. |
| | Female | ../ .. | .. / .. |
| Secondary enrolment ratio (gross/net) | Total | ../ .. | 37*/ .. |
| (%, 1980/1989) | Male | ../ .. | .. / .. |
| | Female | ../ .. | .. / .. |
| Adult literacy rate, 15 years & older | Total | 11 | 35 |
| (%, 1970/1990) | Male/female | ../ 23 | 48 / 22 |
| Radio/television sets | | | |
| (per 1,000 population, 1980/1988) | | 94/ 6 | 107 / 8 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1985 | 1990 | 2000** |
|---|---|---|---|---|---|---|
| Total population | (Thousands) | 6938.0 | 6400.0 | 7284.0 | 8246.0 | 10046.0 |
| Population aged 0-15 years | (Thousands) | .. | 2284.9 | 2553.8 | 2982.6 | 4130.3 |
| Population aged 0-4 years | (Thousands) | .. | 358.6 | 1259.1 | 1359.7 | 1271.4 |
| Urban population (% of total) | | 12 | 10 | 11 | 12 | 15 |
| Life expectancy at birth | Total | 43 | 37 | 46 | 50 | 55 |
| (years) | Male | 42 | 36 | 45 | 48 | 53 |
| | Female | 44 | 39 | 47 | 51 | 56 |
| Total fertility rate | | 5.9 | 4.6 | 4.9 | 4.6 | 3.9 |
| Crude birth rate (per 1,000 population) | | 42 | 38 | 43 | 39 | 28 |
| Crude death rate (per 1,000 population) | | 21 | 30 | 18 | 16 | 12 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate | | .. | .. |
| (%) | | | |
| Population annual growth rate | Total | 0.3 | 2.5 |
| (%, 1965-1980/1980-1990) | Urban | 1.9 | 3.8 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate | | .. | .. |
| (%) | | | |
| Inflation rate (%) | | .. | .. |
| Population in absolute poverty | Urban/rural | ../.. | ../ .. |
| (%) | | | |
| Household income share | Top 20%/bottom 40% | ../ .. | ../ .. |
| (%) | | | |
| Government expenditure | Health/education | ../ .. | ../ .. |
| (% of total expenditure) | Defence | .. | .. |
| Household expenditure | Health/education | | ../.. |
| (% of total income) | | | |
| Official development assistance: | US$ millions | 281 | 25 |
| (1980/1989) | As % of GNP | .. | .. |
| Debt service | | | |
| (% of goods & services exports, 1980/1989) | | .. | .. |

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIODS, 1989-1991

(In thousands of United States dollars)

COUNTRY: CAMBODIA
BOARD APPROVAL: 1988
GENERAL RESOURCES: $7,500,000 a/

| | Supplies and equipment (incl. freight) | | Training grants | | Project staff | | Other cash | | Totals | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Total |
| Health | 1574 | 2720 | 80 | 255 | 150 | 198 | 200 | 220 | 2004 | 3393 | 5397 |
| Water supply and sanitation | 447 | 1635 | | 15 | 135 | 481 | 8 | 22 | 590 | 2153 | 2743 |
| Nutrition | 91 | 361 | 28 | 117 | | | 166 | 627 | 285 | 1105 | 1390 |
| Education | 549 | 836 | 24 | 37 | | 3 | 143 | 340 | 716 | 1216 | 1932 |
| Community organization and development | 2 | 3 | | | | | | 44 | 2 | 47 | 49 |
| Women-centred programmes | 195 | 145 | 2 | 40 | | | 30 | 144 | 227 | 329 | 556 |
| Advocacy | 50 | | 9 | | | | 21 | | 80 | | 80 |
| Emergency | 20 | | | | | | | | 20 | | 20 |
| Planning and project support | 374 | | 7 | 1 | 1856 | 66 | 1226 | 52 | 3463 | 119 | 3582 |
| GRAND TOTAL | 3302 | 5700 | 150 | 465 | 2141 | 748 | 1794 | 1449 | 7387 | 8362 | 15749 |

GR = General resources.
FSF = Funded supplementary funding.
a/ This amount includes $2,500,000 approved in 1988, $2,500,000 approved in 1989, and $2,500,000 approved in 1990. In addition, $3,000,000 was approved in 1991 for 1992.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1994

(In thousands of United States dollars)

| Country: CAMBODIA<br>Period covered: 1992-1994 | Funding status | 1992 | 1993 | 1994 | Total |
|---|---|---|---|---|---|
| Health | GR | 400 | 400 | 400 | 1200 |
| | FSF | 2200 | | | 2200 |
| | NSF | 4300 | 7400 | 9000 | 20700 |
| Water supply and sanitation | FSF | 2500 | | | 2500 |
| | NSF | 1500 | 6500 | 8000 | 16000 |
| Household food security | GR | 200 | 200 | 200 | 600 |
| | FSF | 1000 | | | 1000 |
| | NSF | 1500 | 3000 | 3500 | 8000 |
| Education | GR | 300 | 300 | 300 | 900 |
| | FSF | 2800 | | | 2800 |
| | NSF | 2200 | 5300 | 5500 | 13000 |
| Women-centred programme | GR | 200 | 200 | 200 | 600 |
| | NSF | 1100 | 1200 | 1300 | 3600 |
| Children in especially difficult | GR | 100 | 100 | 100 | 300 |
| | NSF | 800 | 1700 | 2200 | 4700 |
| Social mobilization and advocacy | GR | 100 | 100 | 100 | 300 |
| | NSF | 200 | 300 | 400 | 900 |
| Programme support | GR | 1700 | 1700 | 1700 | 5100 |
| | FSF | 500 | | | 500 |
| | NSF | 700 | 1700 | 1700 | 4100 |
| TOTAL | GR | 3000 | 3000 | 3000 | 9000 a/ |
| | FSF | 9000 | | | 9000 |
| | NSF | 12300 | 27100 | 31600 | 71000 b/ |
| GRAND TOTAL | | 24300 | 30100 | 34600 | 89000 |

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
a/ The amount of $3,000,000 from general resources was approved in 1991.
b/ The amount of $9,000,000 from new supplementary funding was approved in 1991.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

| COUNTRY: CAMBODIA | Number of posts | Amount (Thousands of United States dollars) |
|---|---|---|
| **FINANCED FROM 1992-1993 APPROVED BUDGET:** | | |
| International Professional established posts | | |
| Local national Professional and General Service established posts | | |
| Operating costs | | |
| Total | | |
| **FINANCED FROM PROGRAMME FUNDS: a/** | | |
| International Professional project posts | | |
| General resources | 12 | 2839 |
| Supplementary funds | 7 | 1545 |
| Local national Professional and General Service project posts | | |
| General resources | 7 | 552 |
| Supplementary funds | 2 | 156 |
| Total | 28 | 5092 |

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

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